| Fill in this information to ide | Daniel Daniel 1 | |
|--|---|--|
| | | FILED |
| United States Bankruptcy Could Northern District of Illinois | | UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS |
| | | SEP 26 2016 |
| Case number (If known): | Chapter you are filing under: | 3EP 20 2010 |
| | Chapter 7 Chapter 11 Chapter 12 Chapter 13 | JEFFREY P. ALLSTEADT, CLERK Check if this is an |
| | | amended filing |
| Official Form 101 | | |
| he bankruptcy forms use vou | ition for Individuals Fil | ling for Bankruptcy 12/1 rried couple may file a bankruptcy case together—called a th debtors. For example, if a form asks, "Do you own a car, |
| known). Answer every questi | on. | , both are equally responsible for supplying correct top of any additional pages, write your name and case num |
| known). Answer every questi | About Debtor 1: | op or any additional pages, write your name and case num |
| known). Answer every questint 1: Identify Yourself Your full name | About Debtor 1: | op of any additional pages, write your name and case num About Debtor 2 (Spouse Only in a Joint Case): |
| known). Answer every questing the literal lite | About Debtor 1: | op or any additional pages, write your name and case num |
| Your full name Write the name that is on your government-issued picture identification (for example, | About Debtor 1: Tara First name | op or any additional pages, write your name and case num |
| Your full name Write the name that is on your government-issued picture | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): First name |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture | About Debtor 1: Tara First name Denise Middle name Glasper | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | About Debtor 1: Tara First name Denise Middle name | About Debtor 2 (Spouse Only in a Joint Case): First name |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting | About Debtor 1: Tara First name Denise Middle name Glasper | About Debtor 2 (Spouse Only in a Joint Case): First name Middle name Last name |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting | About Debtor 1: Tara First name Denise Middle name Glasper Last name | About Debtor 2 (Spouse Only in a Joint Case): First name Middle name |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you | About Debtor 1: Tara First name Denise Middle name Glasper Last name Suffix (Sr., Jr., II, III) | About Debtor 2 (Spouse Only in a Joint Case): First name Middle name Last name |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 | About Debtor 1: Tara First name Denise Middle name Glasper Last name | About Debtor 2 (Spouse Only in a Joint Case): First name Middle name Last name Suffix (Sr., Jr., II, III) |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years | About Debtor 1: Tara First name Denise Middle name Glasper Last name Suffix (Sr., Jr., II, III) None First name | About Debtor 2 (Spouse Only In a Joint Case): First name Last name Suffix (Sr., Jr., II, III) |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or | About Debtor 1: Tara First name Denise Middle name Glasper Last name Suffix (Sr., Jr., II, III) | About Debtor 2 (Spouse Only in a Joint Case): First name Middle name Last name Suffix (Sr., Jr., II, III) |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or | About Debtor 1: Tara First name Denise Middle name Glasper Last name Suffix (Sr., Jr., II, III) None First name | About Debtor 2 (Spouse Only In a Joint Case): First name Last name Suffix (Sr., Jr., II, III) |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or | About Debtor 1: Tara First name Denise Middle name Glasper Last name Suffix (Sr., Jr., II, III) None First name Middle name | About Debtor 2 (Spouse Only in a Joint Case): First name Middle name Last name Suffix (Sr., Jr., II, III) First name Middle name |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting | About Debtor 1: Tara First name Denise Middle name Glasper Last name Suffix (Sr., Jr., II, III) None First name Middle name | About Debtor 2 (Spouse Only in a Joint Case): First name Middle name Last name Suffix (Sr., Jr., II, III) First name Middle name |
| Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or | About Debtor 1: Tara First name Denise Middle name Glasper Last name Suffix (Sr., Jr., II, III) None First name Middle name | About Debtor 2 (Spouse Only in a Joint Case); First name Last name Suffix (Sr., Jr., II, III) First name Middle name Last name Last name |

| xxx | хх | 2 | _8_ | _3_ | 8 |
|------|--------|---|-----|-----|---|
| OR | | | | | |
| 9 ** | vv | | | | |

Last name

| XXX OR | _ | xx | | | |
|-------------|---|----|-----------------|-------------|--|
| 9 xx | _ | ХХ | | | |

Last name

Case 16-30553

Doc 1

Filed 09/26/16 Document

Entered 09/26/16 15:07:42 Desc Main Page 2 of 56

Case number (if known)

Debtor 1

Tara

First Name

D.

Glasper

dle Name **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. and Employer ☐ I have not used any business names or EINs. **Identification Numbers** (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name EIN 5. Where you live If Debtor 2 lives at a different address: 2153 171st Street Number Number Street Hazel Crest IL 60429 City ZIP Code City State ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from above, fill it in here. Note that the court will send yours, fill it in here. Note that the court will send any notices to you at this mailing address. any notices to this mailing address. None Number Street Number Street P.O. Box P.O. Box City State ZIP Code City State ZIP Code 6. Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this petition, bankruptcy Over the last 180 days before filing this petition, I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. ☐ I have another reason. Explain. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

Document

Page 3 of 56

Debtor 1

Tara First Name

Glasper Last Name

Case number (if known)

| | The chapter of the Bankruptcy Code you | Check for Bai | one. (For a b | brief description of ea rm 2010)). Also, go to | ech, see <i>No</i> the top of | ptice Required by : | 11 U.S.C. § 342(b) for Individuals Filing the appropriate box. | | |
|--------------------|---|--|--|--|---|---|--|--|--|
| | are choosing to file under | | apter 7 | | | • | | | |
| | | ☐ Ch | apter 11 | | | | | | |
| | | ☐ Ch | apter 12 | | | | | | |
| Nestating | | ☐ Ch | apter 13 | | | | | | |
| 8. | How you will pay the fee | ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | | |
| | | □ I ne <i>App</i> | ed to pay t | the fee in installm Individuals to Pay | nents. If y The Filing | ou choose this o | ption, sign and attach the ents (Official Form 103A). | | |
| | | I re By l less pay | quest that r law, a judge than 150% the fee in ir | my fee be waived may, but is not re of the official pove | l (You mag quired to, erty line the | y request this op waive your fee, nat applies to you his option, you n | tion only if you are filing for Chapter 7, and may do so only if your income is ur family size and you are unable to | | |
| 9. | Have you filed for bankruptcy within the | No No | | | | | | | |
| | last 8 years? | Yes. | District | | When | MM / DD / VVVV | Case number | | |
| | | | District | | When | | | | |
| | | | District | | | | Case number | | |
| | | | Diagram | | When | MM / DD / YYYY | Case number | | |
| ٥. | Are any bankruptcy | No No | | | | | | | |
| • | cases pending or being filed by a spouse who is | Yes. | Debtor | · · · · · · · · · · · · · · · · · · · | | | Relationship to you | | |
| not you part | not filing this case with you, or by a business partner, or by an | | District | | When | MM/DD/YYYY | Case number, if known | | |
| | affiliate? | | | | | | | | |
| | affiliate? | | Debtor | | | | Relationship to you | | |
| | affiliate? | | | | | | | | |
| 1. [| affiliate? Oo you rent your esidence? | □ No. ☑ Yes. | District Go to line 12 | 2. | When | MM / DD / YYYY | Relationship to you Case number, if known and do you want to stay in your | | |
| 1. [| o you rent your | Yes. | Go to line 12 | 2. ndlord obtained an ev | When | MM / DD / YYYY | Case number, if known | | |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 4 of 56

Debtor 1

| | | | Doddinent | 1 age 4 61 66 |
|---|--------------------|----|-----------|------------------------|
| 1 | Tara First Name | D. | Glasper | Case number (if known) |

| . Are you a sole proprieto | _ | | | | | | | | |
|---|--|--|---------------|-------------------|-----------|---------------------------------|--|--|--|
| Are you a sole propriet of any full- or part-time | r 🖸 No. | Go to Part 4. | | | | | | | |
| business? | ☐ Yes | Yes. Name and location of business | | | | | | | |
| A sole proprietorship is a business you operate as an | | | | | | | | | |
| individual, and is not a separate legal entity such as | | Name of business, if any | | . 111111 | | | | | |
| a corporation, partnership, or | | Number Street | ****** | | | | | | |
| LLC. If you have more than one | | Number Street | | | | | | | |
| sole proprietorship, use a | | | | | | | | | |
| separate sheet and attach it to this petition. | | | | | | | | | |
| | | City | | | State | ZIP Code | | | |
| | | Check the appropriate b | box to descri | be your business. | | | | | |
| | | ☐ Health Care Busines | | | | | | | |
| | | ☐ Single Asset Real E | | | |) | | | |
| | | ☐ Stockbroker (as defi | | | , | , | | | |
| | | ☐ Commodity Broker (| as defined ir | 11 U.S.C. § 101 | (6)) | | | | |
| | | ☐ None of the above | | | | | | | |
| | ☐ Yes. | the Bankruptcy Code. I am filing under Chapter Bankruptcy Code. | | | | ording to the definition in the | | | |
| ort 4: Report if You Own | or Have | Any Hazardous Prop | erty or An | y Property Tha | t Needs I | mmediate Attention | | | |
| | ······································ | Any Hazardous Prop | erty or An | y Property Tha | t Needs I | mmediate Attention | | | |
| Do you own or have any property that poses or is | ☑ No | | erty or An | y Property Tha | t Needs I | mmediate Attention | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and | ☑ No | Any Hazardous Prop What is the hazard? | erty or An | y Property The | t Needs I | mmediate Attention | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☑ No | | erty or An | y Property The | t Needs I | mmediate Attention | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any | ☑ No | | erty or An | y Property The | t Needs I | mmediate Attention | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs | ☑ No | What is the hazard? | | | | mmediate Attention | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | ☑ No | What is the hazard? | | | | | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | ☑ No | What is the hazard? | | | | | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ☑ No | What is the hazard? | | | | | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ☑ No | What is the hazard? If immediate attention is | | | | | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ☑ No | What is the hazard? If immediate attention is | s needed, wh | ry is it needed? | | | | | |
| Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ☑ No | What is the hazard? If immediate attention is | s needed, wh | ry is it needed? | | | | | |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 5 of 56

Debtor 1

Tara D.

Glasper

Case number (# known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| | | | | | | ë | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|
| | | | | | | | | | | | |
| | | | | | | | | | | | |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not | required | to | receive | а | briefing | about |
|----------|-----------|----|---------|---|----------|-------|
| | ounseling | | | | | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a printing in person, by phone or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| u | I am not | required | to receive | а | briefing | about |
|---|-----------|-----------|------------|-----|----------|-------|
| | credit co | ounselina | because o | ıf: | | |

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Page 6 of 56

Debtor 1

| Tar | `a | Г |
|------|----|---|
| ı cı | a | |
| | | |

Glasper Last Name

Case number (if known)_

| Part 6: Answer The | se Questions for Reporting Purp | oses | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| 16. What kind of debts you have? | as "incurred by an indivi- No. Go to line 16b. Yes. Go to line 17. | narily consumer debts? Consumer deadual primarily for a personal, family, or hou | bts are defined in 11 U.S.C. § 101(8) usehold purpose." | | | | | | |
| | 16b. Are your debts prim money for a business or | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☑ No. Go to line 16c. ☑ Yes. Go to line 17. | | | | | | | |
| | No. Go to line 16c. | | | | | | | | |
| | 16c. State the type of debts y | ou owe that are not consumer debts or bu | siness debts. | | | | | | |
| 17. Are you filing unde | Pr □ No. I am not filing under | □ No. I am not filing under Chapter 7. Go to line 18. | | | | | | | |
| Do you estimate the any exempt proper excluded and administrative expense paid that funds available for district ounsecured credi | at after Yes. I am filing under Cha administrative expen I No enses will be uttion | pter 7. Do you estimate that after any exer ses are paid that funds will be available to | mpt property is excluded and distribute to unsecured creditors? | | | | | | |
| 18. How many creditor you estimate that y owe? | | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | | | | | |
| 19. How much do you estimate your asse be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | | | |
| 20. How much do you estimate your liabil to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | | | |
| Part 7: Sign Below | Lhouse exercised this grattle | | | | | | | | |
| For you | correct. If I have chosen to file under C | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed | | | | | | | |
| | If no attorney represents me at this document, I have obtained | nd I did not pay or agree to pay someone to I and read the notice required by 11 U.S.C | who is not an attorney to help me fill out . § 342(b). | | | | | | |
| | I understand making a false stawith a bankruptcy case can res 18 U.S.C. §§ 152, 1341, 1519, | Q all and | | | | | | | |
| | MM / DD / | YYYY | MM / DD /YYYY | | | | | | |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 7 of 56

Debtor 1

attorney

Tara D. Glasper

Case number (# known)

For you if you are filing this bankruptcy without an

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| • | |
|---|--|
| Are you aware that filing for bankruptcy is a serious consequences? | action with long-term financial and legal |
| □ No ☑ Yes | |
| Are you aware that bankruptcy fraud is a serious crir inaccurate or incomplete, you could be fined or impri | me and that if your bankruptcy forms are isoned? |
| ☐ No ☑ Yes | |
| Did you pay or agree to pay someone who is not an ☐ No | attorney to help you fill out your bankruptcy forms? |
| ☑ Yes. Name of Person Veronica Easor | n |
| Attach Bankruptcy Petition Preparer's Notice, L | |
| By signing here, I acknowledge that I understand the have read and understood this notice, and I am awar attorney may cause me to lose my rights or property * Jack D. Mlasper | re that filing a bankruptcy case without an |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date 9-34-2016 MM / DD / YYYY | Date MM / DD / YYYY |
| Contact phone | Contact phone |
| Cell phone (630) 886-8410 | Cell phone |
| Email address glaspertara@gmail.com | Email address |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 8 of 56

| Debtor 1 | Tara | D | Glasper | |
|--------------------------------|---------------------|----------------------------|------------|----|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States I | Bankruptcy Court fo | r the: Northern District o | f Illinois | 54 |
| United States I Case number | Bankruptcy Court fo | r the: Northern District o | f Illinois | |
| Odde Hamber | (If known) | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets | | |
|---|--|---|
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | Your as: Value of | sets what you own 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 5,167.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 5,167.00 |
| Part 2: Summarize Your Liabilities | | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | Your lia Amount | |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ | 39,821.00 |
| Your total liabilities | \$ | 39,821.00 |
| Part 3: Summarize Your Income and Expenses | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,029.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,017.00 |
| | e V de Prince de Manuel and Art and Ar | Model from Secretorian in Extra discontinuo y Augusta (1996 et al.) |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Decument Page 9 of 56 Debtor 1 Case number (if known) Answer These Questions for Administrative and Statistical Records 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ✓ Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 2,580.00 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 0.00 9a. Domestic support obligations (Copy line 6a.) 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

0.00

0.00

0.00

5,313.00

5,313.00

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 10 of 56

| Fill in | this ir | nformation to ider | ntify your case and th | his filing | | | | | | |
|----------------------|----------|--|---------------------------|---|--|---|-----------------|--|--------------------------------|--|
| Debtor | 1 | Tara | D. | | Glasper | *************************************** | | | | |
| | | First Name | Middle Name | | Last Name | 700 | | | | |
| Debtor 2 (Spouse, | | First Name | Middle Name | | Last Name | | | | | |
| United S | States I | Bankruptcy Court for | the: Northern District of | of Illinois | | | | | | |
| Case nu | | | | | | 77 | | | | |
| | | | | | | | | | ☐ Che | ck if this is ar |
| | | | | *************************************** | | .1 | | | ame | ended filing |
| Offic | cial | Form 106/ | <u>4/B</u> | | | | | | | |
| Sc | he | dule A/E | 3: Proper | tv | | | | | | |
| | | | | | an asset only once. If a | | | | | 12/15 |
| Part 1: | De Ou ow | escribe Each Ro on or have any legoto Part 2. | esidence, Building | , Land, | ice is needed, attach a ry question. or Other Real Estat y residence, building, l | e You Own or Ha | ve an Int | | any add | nicional pages |
| ☐ Y | res. W | here is the proper | ty? | | | | | | | |
| 1.1. | Stree | et address, if availabl | e, or other description | | t is the property? Check Single-family home Duplex or multi-unit building Condominium or cooperation Manufactured or mobile ho Land |] ⁄e | the amou | nt of any secure Who Have Clai value of the | ed claims ms Secui Curre | exemptions. Put on Schedule D: red by Property. ent value of the on you own? |
| | | | | | ovestment property | | \$ | 0.00 | \$ | 0.00 |
| | City | | State ZIP Code | - 🛄 1 | imeshare Other | | interest | the nature (such as fee eties, or a lif | simple. | tenancy by |
| | | | | | has an interest in the p | roperty? Check one. | | | | ,, |
| • | ~ . | | | | ebtor 1 only | | ··· | | | |
| | Coun | ity | | □ p | ebtor 2 only ebtor 1 and Debtor 2 only least one of the debtors a | nd another | | k if this is co nstructions) | mmuni | ty property |
| | | | | Othe | r information you wish | to add about this it | em, such a | s local | | |
| lf vo: | Own 4 | or have more than | one liet horo: | prop | erty identification numb |)er: | | | | |
| you | | - mare more tridit | one, not here. | What i | s the property? Check a | I that apply | insquisi Africa | | | Assanta e ta c |
| 4.0 | | | | | gle-family home | тыскарруу. | the amoun | of any secure | d claims a | cemptions. Put on Schedule D: |
| 1.2. | Street | t address, if available | , or other description | | plex or multi-unit building | | Creditors V | Vho Have Clain | ns Secure | ed by Property. |
| | | | | | ndominium or cooperative nufactured or mobile home | | | alue of the | | nt value of the |
| | | | | Lar | | | entire pro | operty? 0.00 | portio | n you own? |
| | | | | _ | estment property | | \$ | 0.00 | \$ | 0.00 |
| | City | | State ZIP Code | Otr | neshare ner | 74 Feb. 1 19 19 19 19 19 19 19 19 19 19 19 19 1 | interest (s | the nature o such as fee s ties, or a life | imple. | tenancy by |
| | | | | | as an interest in the pro | perty? Check one. | | - | | |
| | | | | | tor 1 only | | | | | |
| | Count | у | | | tor 2 only tor 1 and Debtor 2 only | | _ | | | |
| | | | | At le | ast one of the debtors and | | (see in | if this is con structions) | nmunity | y property |
| | | | | Other i | nformation you wish to | add about this iten | n, such as | local | | |

Document Page 11 of 56 Tara \Box Debtor 1 Glasper Case number (if known) First Nam What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D. 1.3. Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home 0.00 ☐ Land Investment property City Describe the nature of your ownership ZIP Code Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No **☑** Yes 3.1. Make: Dodge Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Caravan Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2001 Year: Debtor 1 and Debtor 2 only Current value of the Current value of the 107000 entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: 2,000.00 2.000.00 Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions, Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: 0.000.00☐ Check if this is community property (see instructions)

Case 16-30553

Doc 1

Filed 09/26/16

Entered 09/26/16 15:07:42

Page 12 of 56 Document Tara Glasper Debtor 1 Case number (if known) First Name Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property Debtor 2 only Year Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories 🗹 No ☐ Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see 0.00 0.00 instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? portion you own? Other information: At least one of the debtors and another 0.00 ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 2.000.00 you have attached for Part 2. Write that number here

Case 16-30553

Doc 1

Filed 09/26/16

Entered 09/26/16 15:07:42 Desc Main

Debtor 1

Document Glasper

Case number (if known)_

Part 3: Describe Your Personal and Household Items

| Do you own o | have any legal or equitable interest in any of the following items? | portion y Do not ded | uct secured claims |
|---|--|---|------------------------------|
| s Household | goods and furnishings | or exemption | ons. Adaglette Angele |
| | Major appliances, furniture, linens, china, kitchenware | | |
| □ No | | | |
| | scribeFurniture | \$ | 1,000.00 |
| 7. Electronics | | *************************************** | |
| • | elevisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music office offices including cell phones, cameras, media players, games | | |
| ☐ No ☑ Yes. De | Electronics | \$ | 500.00 |
| 8. Coilectibles | I recognise and the second sec | h 18 adas a las I manifes mayong a | |
| Examples: I | ntiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; tamp, coin, or baseball card collections; other collections, memorabilia, collectibles | | |
| Yes. De | ccribe | \$ | 0.00 |
| Examples: \$ | or sports and hobbies ports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nd kayaks; carpentry tools; musical instruments | The state of the s | |
| ☑ No ☐ Yes. De | cribe | \$ | 0.00 |
| No | istols, rifles, shotguns, ammunition, and related equipment | annonnum karkelingung didili Balansian didilikan didilik | |
| Yes. De: | cribe | \$ | 0.00 |
| ☐ No | veryday clothes, furs, leather coats, designer wear, shoes, accessories | | |
| 2 Yes. Des | Clothings | \$ | 1,000.00 |
| 2. Jewelry Examples: E 9 No Yes. Des | veryday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, old, silver | \$ | 300.00 |
| 3. Non-farm an | mals | atanonya nyangaya p | |
| Examples: D | ogs, cats, birds, horses | | |
| ☑ No ☐ Yes. Des | cribe | \$ | 0.00 |
| 4. Any other po | rsonal and household items you did not already list, including any health aids you did not list | | . West |
| ☑ No | | | |
| Yes. Give information | specific n | \$ | 0.00 |
| 5. Add the doll for Part 3. W | ar value of all of your entries from Part 3, including any entries for pages you have attached rite that number here | \$ | 2,800.00 |
| | - | <i>-</i> | |

Debtor 1

Page 14 of 56

| 100 | -4 | 4. | |
|-----|----|----|--|
| | | | |

Document Glasper

Case number (if known)_

| Do you own or have | any legal or equitable interest in | any of the following? | portion y | value of the you own? duct secured claim |
|---|--|--|------------|--|
| | | | or exempti | |
| 16. Cash Examples: Money y | you have in your wallet, in your ho | me, in a safe deposit box, and on hand when you file your petition | | |
| ☑ No | | | | |
| ☐ Yes | | Cash: | \$ | 0.00 |
| and oth | g, savings, or other financial acco- | unts; certificates of deposit; shares in credit unions, brokerage houses nultiple accounts with the same institution, list each. | , | |
| No Yes | | Institution name: | | |
| | 17.1. Checking account: | Fifth Third Bank | \$ | 162.00 |
| | 17.2. Checking account: | Fifth Third Bank | \$ | 205.00 |
| | 17.3. Savings account: | | \$ | 0.00 |
| | 17.4. Savings account: | | \$ | 0.00 |
| | 17.5. Certificates of deposit: | | \$ | 0.00 |
| | 17.6. Other financial account: | | ¢ | 0.00 |
| | 17.7. Other financial account: | | Ψ | 0.00 |
| | 17.8. Other financial account: | | φ | 0.00 |
| | 17.9. Other financial account: | | Φ | 0.00 |
| | | | \$ | 0.00 |
| | is, or publicly traded stocks ds, investment accounts with broke Institution or issuer name: | erage firms, money market accounts | | |
| | | | \$ | 0.00 |
| | | | \$ | 0.00 |
| | | | \$ | 0.00 |
| | | | | |
| an LLC, partnership No Yes. Give specific | o, and joint venture Name of entity: | ated and unincorporated businesses, including an interest in $$\%$$ of ownership: 0% | e | 0.00 |
| an LLC, partnership No | o, and joint venture Name of entity: | % of ownership: | \$ \$ | 0.00 |

Document Page 15 of 56 Tara Debtor 1 Glasper Case number (if known). First Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Z No ☐ Yes. Give specific Issuer name: information about 0.00 them..... 0.00 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: 0.00 0.00 Pension plan: IRA: 0.00 Retirement account: 0.00 Keogh: 0.00 Additional account: 0.00 Additional account: 0.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☑ No ☐ Yes..... Institution name or individual: Electric: 0.00 Gas: 0.00 Heating oil: 0.00 Security deposit on rental unit: 0.00 Prepaid rent: 0.00 Telephone: 0.00 Water: 0.00 Rented furniture: 0.00 Other: 0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Z No Yes Issuer name and description: 0.00 0.00 0.00

Case 16-30553

Doc 1

Filed 09/26/16

Entered 09/26/16 15:07:42

Page 16 of 56 Document Tara D Debtor 1 Case number (if know 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tultion program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Z No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 0.00 0.00 0.00 0.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit Z No ☐ Yes. Give specific information about them... 0.00 \$ 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them... 0.00 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses MO No Yes. Give specific information about them.. 0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ZI No Yes. Give specific information 0.00 Federal: about them, including whether you already filed the returns 0.00 State: and the tax years..... 0.00 Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information..... Alimony: 0.00 0.00 Maintenance: Support: 0.00 0.00 Divorce settlement: 0.00 Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☑ No Yes. Give specific information..... 0.00

Case 16-30553

Doc 1

Filed 09/26/16

Entered 09/26/16 15:07:42

| Debtor 1 | Tara | | | 21 | | d 09/26/16 cument | Page 17 of | 9/26/16 15:07:42 56 | Desc Ma | AII I |
|---|---|-----------------------------------|--|---|--|--|--|--|---|-------------------|
| | First Name | Middle Name | D. | Last N | lame | Glasper | , Cas | se number (if known) | | |
| | | | | | | | | | | |
| 31. Interes | sts in insuran | ce policies | | | | To the roll as combine a major contribution by property by groups | and the Control of th | and an annual state of the section o | Marie Marie and a service and | *************** |
| Examp | oles: Health, dis | | insurar | nce; he | alth sav | ings account (H | SA); credit, homeowr | ner's, or renter's insurance | | |
| No | | | | | | | | | | |
| □ Ye: | s. Name the in of each polic | surance comp by and list its v | oany value | Comp | oany nan | ne: | E | Beneficiary: | Surrender | r or refund value |
| | • | | | | | | | | \$ | 0.00 |
| | | | | | | | | | | 0.00 |
| | | | | | | | | | \$ | 0.00 |
| If you a | re the benefici by because son | ary of a living | trust, e | from sexpect p | someon proceed | ne who has died is from a life insu | d urance policy, or are o | currently entitled to receive | | |
| | s. Give specific | information | | | parities 4440000000000000000000000000000000000 | AAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | | | or a consideration | |
| | • | | | | | | | | \$ | 0.00 |
| 3. Claims | against third | parties, whe | ther or | not ve | ou have | filed a lawenit | or made a demand | for navment | ······································ | |
| Examp | les: Accidents, | employment | dispute | s, insu | rance cl | laims, or rights to | o sue | ioi payment | | |
| ☑ No | | | | £ | | Province of the state of the st | | | | |
| ∟ Yes | s. Describe ead | ch claim | •••••• | | | | | | | 0.0 |
| 4 Other c | ontingent and | atchiunilau ł | d claim | : se of as | wan na | tura inaludina | counterclaims of th | | \$ | |
| to set o | off claims | a anniquidate | u Ciain | 13 UI Ç1 | reiy na | ture, including | counterclaims of th | e debtor and rights | | |
| 2 No | | | r | b-7000000000000000000000000000000000000 | Parametry delicated delicated accessors. | or other was a second and the second | and the second s | | Apart desire all accommunity | |
| ☐ Yes | . Describe eac | h claim | | | | | | | \$ | 0.00 |
| | | | 174 | | ^ | 1.00 to the purchase of the property of the second state and the second | A transport of the state of the | About Andrey of pylopograp parameter a transfer of the millioning appropriate a restrict on the history may properly planerar | ······································ | |
| 5 Aug 610. | | | | •• . | | | | | | |
| o. Any fina No | ancial assets | you ala not a | aiready | list | | | | | | |
| | . Give specific | information | in the same of the | The first enforcement enrousement | *************************************** | meldelen over en | | | A Newspaper | |
| - , 63 | . Give specific | miornalion | ······ L | | | A FOR STATE AND ADDRESS OF THE ADDRESS OF THE STATE AND ADDRESS OF THE | and garages, in , of the minum policies for an extraordinate an interest and control of the cont | | \$ | 0.00 |
| | | | | _ | | | | | <u> </u> | |
| o A d d 45. | | | | s from | | | entries for pages yo | | | |
| 6. Add the | e dollar value t 4. Write that | of all of your | | | | | | | | 367 00 |
| 6. Add the for Part | e dollar value t 4. Write that | of all of your number here | | •••••• | | *************************************** | 14 | ······································ | \$ | 367.00 |
| 6. Add the for Part | o dollar value t 4. Write that | of all of your number here | | ************* | | | ****************************** | | \$ | 367.00 |
| for Part | t 4. Write that | number here | | ************************************** | | | | | \$ | |
| 6. Add the for Part | t 4. Write that | number here | | ************************************** | | | | Interest In. List any | \$ | |
| for Part | Describe | number here | iess-F | Relate | ed Pro | perty You (| | | ş | |
| for Part art 5: 7. Do you 2 No. | Describe own or have a Go to Part 6. | Any Busin | iess-F | Relate | ed Pro | perty You (| Own or Have an | | y real estate | |
| for Part art 5: 7. Do you 2 No. | Describe | Any Busin | iess-F | Relate | ed Pro | perty You (| Own or Have an | | s | |
| for Part art 5: 7. Do you 2 No. | Describe own or have a Go to Part 6. | Any Busin | iess-F | Relate | ed Pro | perty You (| Own or Have an | | Current val | in Part 1. |
| for Part art 5: 7. Do you 2 No. | Describe own or have a Go to Part 6. | Any Busin | iess-F | Relate | ed Pro | perty You (| Own or Have an | | Current val | ue of the |
| for Part art 5: 7. Do you 2 No. | Describe own or have a Go to Part 6. | Any Busin | iess-F | Relate | ed Pro | perty You (| Own or Have an | | Current val | ue of the own? |
| art 5: 7. Do you 2 No. 1 Yes. | Describe own or have a Go to Part 6. | Any Busin | ness-F | Relate | ed Pro | pperty You C | Own or Have an | | Current val portion you Do not deduct | ue of the own? |
| art 5: 7. Do you 2 No. 1 Yes. 3. Account | Describe own or have a Go to Part 6. Go to line 38. | Any Busin | ness-F | Relate | ed Pro | pperty You C | Own or Have an | | Current val portion you Do not deduct | ue of the own? |
| art 5: 7. Do you 2 No. 1 Yes. 3. Account | Describe own or have a Go to Part 6. Go to line 38. | Any Busin | ness-F | Relate | ed Pro | pperty You C | Own or Have an | | Current val portion you Do not deduct | ue of the own? |
| art 5: 7. Do you 2 No. 1 Yes. 3. Account | Describe own or have a Go to Part 6. Go to line 38. ts receivable | Any Busin | ness-F | Relate le inter | ed Pro | pperty You C | Own or Have an | | Current val portion you Do not deduct | ue of the own? |
| art 5: 7. Do you 2 No. 1 Yes. 3. Account 2 No 2 Yes. | Describe own or have a Go to Part 6. Go to line 38. ts receivable Describe | Any Busin any legal or e | ness-F | Relate le inter | ed Prorest in a | operty You C | Own or Have an elated property? | Interest In. List any | Current val portion you Do not deduct or exemptions | ue of the own? |
| art 5: 7. Do you 2 No. 1 Yes. 8. Account 2 No 1 Yes. 9. Office e Examples | Describe own or have a Go to Part 6. Go to line 38. ts receivable Describe | Any Busin any legal or e | ness-F | Relate le inter | ed Prorest in a | operty You C | Own or Have an elated property? | | Current val portion you Do not deduct or exemptions | ue of the own? |
| art 5: 7. Do you 2 No. 1 Yes. 8. Account 2 No 1 Yes. 9. Office e Examples | Describe own or have a Go to Part 6. Go to line 38. ts receivable Describe | Any Busin any legal or e | ness-F | Relate le inter | ed Prorest in a | operty You C | Own or Have an elated property? | Interest In. List any | Current val portion you Do not deduct or exemptions | ue of the own? |

| | Case 16-3 | 30553 | Doc 1 | | d 09/26/16 ocument | Entered 09/26/16 15:07:42 Page 18 of 56 | Desc Main | |
|---------------------|--|--|--|---|--|--|---|-------------|
| Debtor 1 | Tara First Name | Middle Name | D. | Name | Glasper | Case number (if known) | | |
| | | | | | | | | |
| | | quipment, | supplies you | ı use in | business, and to | ools of your trade | | |
| ☑ No | No. | | ***************************** | | | | Address M. Joseph | |
| □ Ye | s. Describe | | | | | | \$ | 0.00 |
| | L., | Print Print Control Control of Assessment Assessment | | handadayayayayayayaya | titel (tretteret kleistereterenemene erenpergenengenen (sessenten) | | and difference as and | |
| 41. Invento | - | | | | | | | |
| ✓ No □ Ye | s. Describe | *************************************** | The state of the s | - | | | | 0.00 |
| | | | annes ann ghladaile ad a dhairt a bhairt a bhairt a bhairt a | . Kirismani sayanay ayan | | | 5 | 0.00 |
| 42.Interes | ts in partnershi | ips or ioint | ventures | | | | | |
| ☑ No | | | | | | | | |
| ☐ Yes | s. Describe | Name of er | ntity: | | | % of ownership: | | |
| | | | | | | % | \$ | 0.00 |
| | | | | | | % | \$ | 0.00 |
| | | | ··· | | | % | \$ | 0.00 |
| 13. Custon | ner lists, mailin | a lists, or c | other compile | ations | | | | |
| ∡ No | | | • | | | | | |
| ☐ Yes | | include pe | rsonally iden | tifiable | information (as | defined in 11 U.S.C. § 101(41A))? | | |
| | □ No | | i pita attenti ritta teknikoleksi kirikoleksi katika kana kana kana kana ka | | the contribution of the party and the party | | ··· | |
| | Yes. Descr | ibe | | | | | \$ | 0.00 |
| | | | | | | | | |
| 4. Any bu | siness-related | property ye | ou did not ali | ready lis | t | | | |
| - | . Give specific | | | | | | | |
| info | mation | · · · · · · · · · · · · · · · · · · · | | | ************************************** | | \$ | 0.00 |
| | | | | | | | \$ | 0.00 |
| | | | | | · | | \$ | 0.00 |
| | | | | | | | \$ | 0.00 |
| | | | | | | | \$ | 0.00 |
| | | | | | | | \$ | 0.00 |
| 5. Add the | dollar value of | f all of you | r entries fron | n Part 5, | including any e | ntries for pages you have attached | | 0.00 |
| for Part | 5. Write that no | umber here | 9 | | | • | · \$ | 0.00 |
| | | armaman, arang mengen, ang espanya | | *************************************** | | enterpretation to the content of the | | |
| and G | December Au | | | | | | | |
| art 6: | If you own or i | y rarm- a have an int | i na Comme terest in farm | rcial Fi Iland, lis | shing-Related at it in Part 1. | Property You Own or Have an Interest | ln. | |
| | | | | | | | | 3 |
| 6. Do you | own or have an | y legal or e | equitable into | erest in a | any farm- or con | nmercial fishing-related property? | | |
| | Go to Part 7. Go to line 47. | | | | | | | ĺ |
| 100. | O (0 11110 47 : | | | | | | | |
| | | | | | | | Current value of ti portion you own? | |
| | | | | | | | Do not deduct secure | d claims |
| 7. Farm ar | | | | | | | or exemptions. | sis sast 11 |
| | es: Livestock, po | ultry, farm-r | raised fish | | | | | |
| No Ves | | | | and the supplemental states of the supplemental | | | No cones | |
| କ ଳ (୧୪. | | | | | | and the second s | photo recommendate | |
| | and the second s | The transfer of the transfer o | | ter to the comment of the comment of the comment | | | \$ | 0.00 |
| | * | | | | and the many operations are the state of the | | | |
| | 4004/79 | | | | | | | |

| | Case 16-3 | 30553 | Doc 1 | Filed 09/2 | | | | Desc N | ⁄lain |
|---|---|--|--|--|--|--|--|--|----------------------|
| Debtor 1 | Tara First Name | Middle Name | D. | Docume Gla | sper | Page 19 (| Oase number (if known) | | |
| | rifst Name | Middle Name | Last | Name | | | - | | |
| 48. Crops | -either growin | g or harves | sted | | | | | | |
| Z No | , | gran na man ninan nijenijeniji kil vidis vezevanijenij. Ž | reconnected property by the training or commerce and a | POMACO Productivisti da esca assessa a secuencia de caracteristica de la composición de como | | | | | |
| ☐ Ye | es. Give specific | | | | | | | - Article | 0.0 |
| | • | | | achinery, fixture | | | arran daga mengangangan pangangan pangan dalah belah semenyanggan pangah dalam bermpulipah ganga 117 dalah dan | \$ | 0.0 |
| Z No |) | | | | | | | | |
| ☐ Ye: | es | enconcrete englande de la confete en la conf | Acceptation of the second or the second of the second or t | | *************************************** | | | | |
| | 200 | | | | Madriddoù warmannon o conservo que | | namen and the state of the stat | \$ | 0.0 |
| | and fishing supp | olies, chem | iicals, and fe | ed | | | | | |
| ☑ No □ Yes |) :s∫ | | nor construints that the physical deposition accounts | | after home the mean annual and agricultural party. | to different seasons and a separation of the season of the | | | |
| | | | | | | | | \$ | 0.0 |
| 51. Any far | rm- and comme | | | pperty you did no | | | opely version and analysis of the property and analysis of the property of the first property of the second of the | Ψ | |
| ☑ No | t . | | | | | _ | | | |
| ☐ Yes info | s. Give specific | | | Programme Andrews (Commence of the Angelogist Angelogist (Angelogist Angelogist Angelogi | TOTAL CONTRACTOR OF THE PARTY O | mandam ordan og unganan, i sym en skill dem med ett fransjerier om en sy unemanistiskelse | namana da mangana kana da Barkana da Barkana da mangangan da | A Colombia C | 0.0 |
| | Ĺ | | V | ## (****) *** (************************* | *************************************** | and the second s | | \$ | 0.00 |
| for Par | ie dollar value o rt 6. Write that n | t all of you umber her | r entries from | n Part 6, includii | ng any e | ntries for pages | s you have attached | \$ | 0.00 |
| | • | | | | | | | | |
| Part 7: | Describe A | li Prope | rty You O | wn or Have a | ın Inte | rest in That | You Did Not List Abov | e | |
| 53. Do you | ı have other pro | perty of an | ıy kind you d | id not already lis | st? | | | | |
| Example 2 No | es: Season tickets, | country club r | membership | | | | | | |
| | s. Give specific | | | | | ere make (oming it is he () and it has the second and analysis of the second | and an analysis of the section of th | \$ | 0.00 |
| | rmation | | | | | | | \$ | 0.00 |
| | · · | | Mg Maradia ara manamana anamin'ny Villandia di Fasian | | *************************************** | | | \$ | 0.00 |
| 54. Add the | e dollar value of | all of your | antrine from | Part 7. Write th | | | | | 0.00 |
| · · · · · · · · · · · · · · · · · · · | , aona, vaido 0, | an or your | curies itom | rant 7. Write th | at numb | er nere | | · L | 0.00 |
| Part 8: | | 4-1 - | | eren beginnemen et maa taans oor op maan ee aan y | the energy energy, energy ag | an and animal and and to be of the first for the second of the | e Se Se emmendensiste de Se en em em em New Period en Americaniste (° e en en em em em | | |
| rail 0; | LIST THE 10 | tals of E | ach Part d | of this Form | · | | | | |
| 55. Part 1: 7 | Total real estate | , line 2 | | | | | | ▶ : \$ | 0.00 |
| 6. Part 2: 1 | Total vehicles, li | ine 5 | | | \$ | 2,000.00 | | | |
| 57 Dant 2. 1 | Total personal a | nd househ | old items. lir | ne 15 | ę | 2,800.00 | • | | |
| or areas i | | | | · v | Ψ | 367.00 | | | |
| | Total financial | socis, iine | 30 | | \$ | | | | |
| 58. Part 4: T | Total financial a | | | | | | | | |
| 58. Part 4: T | Total financial as | elated proj | perty, line 45 | | \$ | 0.00 | | | |
| 58. Part 4: T | | | | | \$ \$ | 0.00 | | | |
| 58. Part 4: T 59. Part 5: T 60. Part 6: T | Total business-r | fishing-rela | ated property | | \$ \$ +\$ | | | | |
| 58. Part 4: T 59. Part 5: T 60. Part 6: T 61. Part 7: T | Total business-r Fotal farm- and f | fishing-rela | ated property | , line 52 | \$ \$ | 0.00 | | *************************************** | |
| 58. Part 4: T 59. Part 5: T 60. Part 6: T 61. Part 7: T | Total business-r Fotal farm- and f | fishing-rela | ated property | , line 52 | \$ \$ +s \$ | 0.00 | Copy personal property total | + \$ | 5,167.00 |
| 58. Part 4: T 59. Part 5: T 50. Part 6: T 51. Part 7: T 52. Total per | Fotal business-r Fotal farm- and f Fotal other property | fishing-rela erty not list | ated property ted, line 54 56 through 61 | , line 52 | \$ | 0.00 0.00 5,167.00 | | + \$ | |
| 8. Part 4: T 9. Part 5: T 0. Part 6: T 1. Part 7: T 2. Total per | Fotal business-r Fotal farm- and f Fotal other property | fishing-rela erty not list | ated property ted, line 54 56 through 61 | , line 52 | \$ | 0.00 0.00 5,167.00 | Copy personal property total | + \$ \$ | 5,167.00 5,167.00 |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 20 of 56

| Fill in this in | nformation to ide | entify your case: | |
|--|---------------------|----------------------------------|-----------|
| Debtor 1 | Tara | D. | Glasper |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) |) First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | or the: Northern District of Ill | inois |
| Case number (If known) | | | FINANCE L |
| (// (// (// // // // // // // // // // / | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | | |
|----|--|---|--------------------------------------|--|------------------------------------|--|--|--|--|--|
| 2. | For any proper | rty you list on Schedule A/B t | hat you claim as exem | pt, fill in the information below. | | | | | | |
| | Brief descripti Schedule A/B | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | | | |
| | | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | | | |
| | Brief description: Line from Schedule A/B: | 2001 Dodge Carava 3.1 | \$ 2,000.00 | ☑ \$ 2,000.00 ☐ 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) | | | | | |
| | Brief description: Line from Schedule A/B: | Furnishing 6 | \$ 1,000.00 | | 735 ILCS 5/12-1001(b) | | | | | |
| | Brief description: Line from Schedule A/B: | Electronics 7 | \$ <u>500.00</u> | ☑ \$ 500.00 ☐ 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | | | | |
| 3. | (Subject to adjust No | | years after that for cases | s filed on or after the date of adjustment.) 1,215 days before you filed this case? | | | | | | |

Document

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Page 21 of 56

Debtor 1

Glasper

Case number (if known)_

Additional Page

| | Brief description of the property and line on Schedule A/B that lists this property | | nt value of the n you own he value from | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|--|---|---|---|--|--|
| Brief | Clothings | SCN80 | ule A/B 1,000.00 | ⊿ s 1,000.00 | 735 ILCS 5/12-1001(a) |
| description: Line from Schedule A/B: | 11 | 9 | 1,000.00 | 100% of fair market value, up to any applicable statutory limit | (2, |
| Brief description: | Jewelry | \$ | 300.00 | ✓ s300.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 12 | ¥ <u></u> | | 100% of fair market value, up to any applicable statutory limit | . , |
| Brief | | s | | | |
| description: Line from Schedule A/B: | | T | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | <u> </u> | Annumental setting American annumentalists is a monthly to the set of the set |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | <u> </u> | |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | O \$ | |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit | ······································ |
| Brief description: | | \$ | | a s | eren eren eren eren eren eren eren eren |
| Line from Schedule A/B: | | *** = 1 · · · · · · · · · · · · · · · · · · | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | <u> </u> | |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit | ***** |
| Brief description: | | \$ | | u s | |
| Line from Schedule A/B; | **** | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | O s | |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: - | | \$ | ************************************** | O \$ | |
| Line from Schedule A/B: - | | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: - | | \$ | | O \$ | |
| Line from Schedule A/B: | | | | ☐ 100% of fair market value, up to any applicable statutory limit | |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 22 of 56

| Debtor 1 | Tara | D | Glaspe | er |
|---------------------|---------------------|--------------------------------------|-----------|----|
| | First Name | Middle Name | Last Name | ~ |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| Jnited States I | Bankruptcy Court fo | r the: Northern District of Illinois | | |
| Case number | | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

| 1. | Do any creditor | s have claims | secured i | by your | property? |
|----|-----------------|---------------|-----------|---------|-----------|
|----|-----------------|---------------|-----------|---------|-----------|

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

| for each claim. If more than one creditor | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. shabetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|---|---|---|-----------------------------------|
| 2.1 | Describe the property that secures the claim: | \$ 0.00 | s 0.00 s | 0.00 |
| Creditor's Name Number Street | | | V | P |
| | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | _ | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2 | | | | |
| 2 | Describe the property that secures the claim: | \$ 0.00 | s 0.00 s | 0.00 |
| Creditor's Name | Describe the property that secures the claim: | \$0.00 | \$0.00 _{\$} | 0.00 |
| | Describe the property that secures the claim: | \$0.00 | \$8 | 0.00 |
| Creditor's Name | Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. | | \$ 0.00 \$ | 0.00 |
| Creditor's Name | As of the date you file, the claim is: Check all that apply. Contingent | | \$ <u>0.00</u> \$ | 0.00 |
| Creditor's Name | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | \$0.00 _{\$} | 0.00 |
| Creditor's Name Number Street | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | \$ <u>0.00</u> \$ | 0.00 |
| Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured) | | \$ <u>0.00</u> \$ | 0.00 |
| Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | | \$\$ | 0.00 |
| Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$ 0.00 \$ | 0.00 |
| Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) | | \$ 0.00 \$ | 0.00 |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 23 of 56

| Debtor 1 | Tara | Denise | Glasper |
|---------------------|---------------------|-------------------------------------|-----------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States I | Bankruptcy Court fo | or the: Northern District of Illino | ois |
| Case number | | | |
| (if known) | | | |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| 4 | Do any creditors have priority unsecured claim | | | | | |
|-----------------------|---|--|--|--|--|--------------------------------|
| 1. | No. Go to Part 2. | ns against you? | | | | |
| Į. | | | | | | |
| \$38.00 19.08.00 | Yes. | | | | | |
| | each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of | reditor has more than one priority unsecured claim, list the claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's new Part 1. If more than one creditor holds a particular claim instructions for this form in the instruction booklet.) | at clai | m here and sho | w both priority | |
| | | | Tota | il claim - Pri | ority Nor | priority |
| <u> </u> | 1 | | | an | | ount |
| 2.1 | | 1 4 4 .45 .45 .45 .4 | | 0.00 | 0.00 | |
| | Priority Creditor's Name | Last 4 digits of account number | \$ | 0.00 \$ | 0.00 \$ | 0.00 |
| | | When was the debt incurred? | | | | |
| | Number Street | 9-14 - 1 - 14 - 14 - 14 - 14 - 14 - 14 - | | | | |
| | | As of the date you file, the claim is: Check all that apply | , | | | |
| | | Contingent | | | | |
| | City State ZIP Code | Unliquidated | | | | |
| | Who Incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | - Mopeles | | | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Domestic support obligations | | | | |
| | At least one of the debtors and another | ☐ Taxes and certain other debts you owe the government | | | | |
| | Check if this claim is for a community debt | Claims for death or personal injury while you were | | | | 1 |
| | Is the claim subject to offset? | intoxicated | | | | |
| | O No | Other. Specify | | | | |
| | U Yes | | POSITIVATOR NO CONTRACADO DE LA CONTRACADO DEL CONTRACADO DE LA CONTRACADO | | 77000077000000000000000000000000000000 | Selection of the second second |
| 2.2 | | Last 4 digits of account number | ¢ | 0.00 s | 0.00 _s | 0.00 |
| | Priority Creditor's Name | When was the debt incurred? | ٩ | ······································ | | |
| | Number Street | Wilell was the dept intelled? | | | | i |
| | Named Oppor | As of the date you file, the claim is: Check all that apply. | | | | 1 |
| | | ☐ Contingent | | | | |
| | City State ZIP Code | Unliquidated | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: | | | | 1 |
| | Debtor 1 and Debtor 2 only | ☐ Domestic support obligations | | | | |
| | At least one of the debtors and another | Taxes and certain other debts you owe the government | | | | |
| | ☐ Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated | | | | 1 |
| | Is the claim subject to offset? | Other. Specify | | | | |
| | □ No | | | | | |
| | Yes | | | | | 1 |

Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Doc 1 Case 16-30553

Debtor 1

Denise

Page 24 of 56

Case number (if knot

| Part 2: List All of Your N | ONPRIORITY U | secured Clair | ms | |
|--|---|--|---|--|
| 3. Do any creditors have nonp | riority unsecured | claims against | you? | |
| ☐ No. You have nothing to r ☑ Yes | eport in this part. S | ubmit this form to | the court with your other schedules. | |
| de la la companya de | | 514-145-145-145-145-145-145-145-145-145- | | erana arang karang kalaban sa |
| nonpriority unsecured claim. I | ist the creditor sepa n one creditor holds | rately for each c | al order of the creditor who holds each claim. If a creditor ha laim. For each claim listed, identify what type of claim it is. Do no m, list the other creditors in Part 3.ff you have more than three n | t liet claime already |
| Automatica Cardina | | | | Total claim |
| Automotive Credit Cor | р | | Last 4 digits of account number 2 8 3 8 | s 6,535.00 |
| 26261 Evergreen Rd 3 | 300 | | When was the debt incurred? 01/02/2013 | Ψ |
| Number Street | | | | |
| Southfield City | MI State | 48076 ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| Olly | State | ZIP Code | | |
| Who incurred the debt? Che | ck one | | ☐ Contingent☐ Unliquidated | |
| Debtor 1 only | ok ono. | | Disputed | |
| Debtor 2 only | | | Disputed | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors a | nd another | | ☐ Student loans | |
| ☐ Check if this claim is for | a community debt | | Obligations arising out of a separation agreement or divorce | |
| | - | | that you did not report as priority claims | |
| Is the claim subject to offset | i. | | ☐ Debts to pension or profit-sharing plans, and other similar debt:☐ Other. Specify Automobile | S |
| Yes | | | Other. Specify Automobile | * * * * * * * * * * * * * * * * * * * |
| | eli an cinga anni an archiversi anno anni anni anni anni anni albumini anni anni anni anni anni anni anni | mmerkaminamentenamantenamantenamantenamantenamantenamantenamantenamantenamantenamantenamantenamantenamantenama | | ado de Companyo de |
| Dept Of ED/Navient | | | Last 4 digits of account number 2 8 3 8 | \$ 5,313.00 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 07/12/1988 | |
| P O BOX 9635 | | | | |
| Number Street Wilkes Barre | PA | 18773 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | | |
| • | | 2 | ☐ Contingent | |
| Who incurred the debt? Chec | ≭ one. | | ☐ Unliquidated ☐ Disputed | |
| ✓ Debtor 1 only ☐ Debtor 2 only | | | - Disputed | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors ar | ad another | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce | |
| Check if this claim is for a | a community debt | | that you did not report as priority claims | |
| is the claim subject to offset | ን | | Debts to pension or profit-sharing plans, and other similar debts | i |
| √ 2 No □ Yes | | | Other Specify | |
| Y 6S | ANTONIO CONTRACTORISTICI CONTRACTORISTICI CONTRACTORISTICI CONTRACTORISTICI CONTRACTORISTICI CONTRACTORISTICI | | | NATIONAL PROPERTY AND |
| Bank Of America Bank | ruptcy | | Last 4 digits of account number 2 8 3 8 | 700.00 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 09/01/2016 | \$ |
| P O BOX 15168 Number Street | | | | |
| Wilmington | DE | 19850 | | |
| City | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Chec | k ana | | ☐ Contingent | |
| Debtor 1 only | K OIR. | | ☐ Unliquidated | |
| Debtor 2 only | | | ☐ Disputed | |
| Debtor 1 and Debtor 2 only | | | | ÷ |
| At least one of the debtors an | d another | | Type of NONPRIORITY unsecured claim: | |
| | | | Student loans | |
| Check if this claim is for a | _ | | Obligations arising out of a separation agreement or divorce | |
| Is the claim subject to offset? | ? | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| ₩ No □ ves | | | Other Specify Bank | |

Case 16-30553

Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Page 25 of 56

Debtor 1

Denise

Document Glasper

Middle Name

Case number (if known)_

| rt | 2 | |
|----|---|--|
| | | |

| First Midwest Bank | | | Last 4 digits of account number | 2 8 3 8 | s 90 |
|---|---|--|--|--|---------------------------------------|
| Nonpriority Creditor's Name 2320 S. Rte 59 | | | When was the debt incurred? | 09/01/2016 | · · · · · · · · · · · · · · · · · · · |
| Number Street Plainfield | IL | 60586 | As of the date you file, the claim | is: Check all that apply. | |
| Oity Who incurred the debt? Che ✓ Debtor 1 only | State | ZIP Code | Contingent Unliquidated Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors a | nd another | | Student loans | | |
| ☐ Check if this claim is for Is the claim subject to offset ☑ No ☐ Yes | a community debt | | Obligations arising out of a separ- you did not report as priority claim Debts to pension or profit-sharing Other. Specify Bank | ns | |
| Ingalis Hospital | | | Last 4 digits of account number | 2 <u>8 3 8</u> | \$ 3,000 |
| Nonpriority Creditor's Name One Ingalls Drive | | | When was the debt incurred? | 09/01/2016 | |
| Number Street | | | As of the date you file, the claim i | is: Check all that apply. | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Che | ck one | | Unliquidated | | |
| Debtor 1 only | sk one. | | ☐ Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | | |
| At least one of the debtors a | | | Obligations arising out of a separate you did not report as priority claim | ation agreement or divorce that | |
| Check if this claim is for s the claim subject to offset | _ | | Debts to pension or profit-sharing | | |
| ¼ No ☐ Yes | ı | | Other Specify Medical | West of the second seco | |
| West Lake | of Arman Arapes (1980) with Arabita and Arabita (1984) and Arabita (1984) and Arabita (1984) and Arabita (1984) | nterreprintent in neutral mention de la companya d | Last 4 digits of account number | 2 <u>8 3 8</u> | s100 |
| lonpriority Creditor's Name POBOX 54807 | | , | When was the debt incurred? | 09/01/2016 | |
| lumber Street Los Angeles | CA | 90054 | As of the date you file, the claim is | s: Check all that apply. | |
| ity | State | ZIP Code | Contingent | | |
| Vho incurred the debt? Chec | k one. | | ☐ Unliquidated☐ Disputed | | |
| Debtor 1 only | | | ■ cushated | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecure | d claim: | |
| Debtor 1 and Debtor 2 only | ad anoth | | Student loans | | |
| At least one of the debtors ar Check if this claim is for a | | | Obligations arising out of a separa you did not report as priority claims | tion agreement or divorce that | |
| | - | | Debts to pension or profit-sharing | | |
| s the claim subject to offset | ? | | Other. Specify Loan | | |
| ₫ No ጔ Yes | | | | | |

Debtor 1

Denise

Document Page 26 of 56

Part 2:

Case number (if known),...

| Nicor Gas | Last 4 digits of account number 2 8 3 8 | _{\$} 2 | ,000. |
|--|---|--|-------|
| Nonpriority Creditor's Name P O BOX 0632 | When was the debt incurred? 09/01/2016 | * | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | |
| Aurora IL 60 City State ZIP C: |) | | |
| Who incurred the debt? Check one. Debtor 1 only | Unliquidated Disputed | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? | Other. Specify Utility | | |
| Mo No | | | |
| Yes | | | |
| ComEd | Last 4 digits of account number 2 8 3 8 | ************************************** | 500 |
| Nonpriority Creditor's Name | When was the debt incurred? 09/01/2016 | - | |
| P O BOX 6111 | When was the debt incurred? U9/U1/2016 | | |
| Number Street Carol Stream IL 60 | As of the date you file, the claim is: Check all that apply. | | |
| City State ZIP Co | <u></u> | | |
| 186 | Unliquidated | | |
| Who incurred the debt? Check one. | ☐ Disputed | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONDBIODITY upged their | | |
| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims | | |
| • | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? No | Other. Specify Utility | | |
| ⊒ Yes | | | |
| - V - V - M TOTA NO TOTA NO TOTA NO TOTAL NO TOT | | | 800 |
| AT&T Mobility | Last 4 digits of account number 2 8 3 8 | * | |
| Nonpriority Creditor's Name | When was the debt incurred? 09/01/2016 | | |
| P O BOX 6416 | | | |
| Carol Stream IL 601 | 7 As of the date you file, the claim is: Check all that apply. | | |
| City State ZIP Co | Contingent | | |
| Who incurred the debt? Check one. | Unliquidated | | |
| Debtor 1 only | ☐ Disputed | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | Student loans | | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a community debt | you did not report as priority claims | | |
| s the claim subject to offset? | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Loan | | |
| | Uther, Specify Local I | | |

Debtor 1

Denise

Document Page 27 of 56

Case number (if known)_

| 9 | a | r | 3 | 2: |
|---|---|---|---|----|
| | | | | |
| | | | | |

| When was the debt incurred? 09/01/2016 Number Street Country Club Hills IL 60478 City State ZiP Code Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? 09/01/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Debtor 4 as eparation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Tickets, Fines & Fees | Village Of Country Club Hills Nonpriority Creditor's Name | | Last 4 digits of account number | 2 8 3 8 | s <u> </u> |
|--|--|--|---|---|------------------|
| Country Club Hills IL 60478 State 2/P Cose Contingent Cont | • | | When was the debt incurred? | 09/01/2016 | |
| Who incurred the debt? Check one. Debtor 1 onty Debtor 1 onty Debtor 1 and Debtor 2 onty Debtor 1 onty Debtor 2 onty Debtor 1 onty Debtor 2 onty Debtor 3 ont 3 ont 4 Debtor 3 ont 4 Debtor 3 ont 5 | | 60478 | As of the date you file, the claim | is: Check all that apply. | |
| Community Contingent Cont | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community deb | ZIP Code | Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separa you did not report as priority claim Debts to pension or profit-sharing | ation agreement or divorce that ns plans, and other similar debts | |
| When was the debt incurred? O9/01/2016 | ⊠ No | | Other Specify Tickets, Fine | es & Fees | |
| As of the date you file, the claim is: Check all that apply. | | | | | \$ 500 |
| Chicago 60634 As of the date you file, the claim is: Check all that apply. City State ZiP Code Contingent Unliquidated Disputed Dispute | | | When was the debt incurred? | 09/01/2016 | |
| Contingent Unliquidated Disputed Contingent Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 3 only Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Insurance Others Specify I | - 11 1 | 60634 | As of the date you file, the claim i | is: Check all that apply. | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes ☐ No ☐ Yes ☐ Last 4 digits of account number 2 8 3 8 ☐ Menumber Street ☐ Contral ☐ Check if the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 3 only ☐ Debtor 4 only ☐ Debtor 3 only ☐ Check if this claim is for a community debt ☐ Debtor 3 only ☐ Debtor 3 only ☐ Debtor 4 only ☐ Debtor 4 only ☐ Debtor 5 only ☐ Debtor 5 only ☐ Debtor 6 only ☐ Debtor 6 only ☐ Debtor 6 only ☐ Debtor 8 only ☐ Debtor 9 only ☐ Debtor 9 only ☐ Debtor 1 only ☐ Debtor 1 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 4 only ☐ Debtor 5 only ☐ Debtor 6 only ☐ Debtor 6 only ☐ Debtor 8 only ☐ Debtor 9 | | | Contingent | | |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Debtor 3 only Debtor 4 and Debtor 3 only Debtor 4 and Debtor 5 only Debtor 5 only Debtor 6 nonverted the debtors and another Debtor 6 nonverted the debtor 2 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only At least one of the debtors and another Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Debtor 2 only Debtor 3 only Debtor 4 these claim is for a community debt Debtor 5 only Debtor 6 nonverted the 1 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 expertation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | Who incurred the deht? Check one | | | | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? □ Other. Specify Insurance □ Oth | | | ☐ Disputed | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Honor Finance Corp Nonphority Creditor's Name 1731 Central Number Street EVanston □ IL 60201 □ Contingent □ Unliquidated □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Debtor 2 only □ Check if this claim is for a community debt □ Debtor 2 ponity □ Debtor 2 only □ Check if this claim is for a community debt □ Debtor 3 ponity claims □ Debts 6 pension or profit-sharing plans, and other similar debts □ Check if this claim is for a community debt □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt □ Debtor 1 ponity claims □ Debts 6 pension or profit-sharing plans, and other similar debts □ Debts 6 pension or profit-sharing plans, and other similar debts | | | Type of NONPRIORITY was a second | ad claim: | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Yes □ Yes □ Check if this claim is for a community debt □ Yes □ Check if this claim is for a community debt □ Check if this clai | | | | su udini. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes Check if this claim is for a community debt ☐ Check if this claim is pension or profit sharing plans, and other similar debts | | | | ation agreement or disease that | |
| Is the claim subject to offset? I Debts to pension or profit-sharing plans, and other similar debts Other. Specify Insurance Other. Specify Insurance Other. Specify Insurance Other. Specify Insurance Last 4 digits of account number 2 8 3 8 \$ 14,000 When was the debt incurred? O1/28/2016 When was the debt incurred? O1/28/2016 As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. I Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | Check if this claim is for a community debt | | you did not report as priority claim | \$ | |
| Monprofinance Corp Honor Finance Corp Nonpriority Creditor's Name 1731 Central Number Street Evanston IL 60201 City State ZiP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts | s the claim subject to offset? | | Debts to pension or profit-sharing Other. Specify Insurance | plans, and other similar debts | |
| Honor Finance Corp Nonpriority Creditor's Name 1731 Central Number Street Evanston IL 60201 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Last 4 digits of account number 2 8 3 8 When was the debt incurred? 01/28/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| When was the debt incurred? 01/28/2016 When was the debt incurred? 01/28/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt When was the debt incurred? 01/28/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | Honor Finance Corp | Alpha Carlon (a) an Carlon (a) | Last 4 digits of account number _ | 2 8 3 8 | <u>\$ 14,000</u> |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Check if this claim is for a community debt Contingent Unliquidated Disputed Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts | Nonpriority Creditor's Name | | - When was the debt incurred? | 01/28/2016 | |
| State ZIP Code Contingent Unliquidated Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Chick if this claim is for a community debt Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Chick if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts | | 60204 | As of the date you file, the claim is | s: Check all that apply | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | · | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | Mho incurred the debt? Cheek one | | Unliquidated | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | Disputed | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts | | | Type of NONPRIORITY unsecure | d claim: | |
| ☐ At least one of the debtors and another ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | u viaiiti. | |
| ☐ Check if this claim is for a community debt you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | Obligations arising out of a separat | tion agreement or divorce that | |
| s the claim subject to offset? Other. Specify Automobile | Check if this claim is for a community debt | | you did not report as priority claims | 5 | |
| | s the claim subject to offset? | | Debts to pension or profit-sharing particles Other Specify Automobile | plans, and other similar debts | |

Debtor 1

Denise

Document Glasper

Case number (if known)_

Part 2:

| Wow Cable | | | Last 4 digits of account number | 2 8 3 8 | ¢ 4 | 475. |
|--|------------------|----------|---|--------------------------|-------------|------|
| Nonpriority Creditor's Name P O BOX 4350 | | | When was the debt incurred? | 09/01/2016 | Ψ | |
| Number Street Carol Stream | IL. | 60197 | As of the date you file, the claim | is: Check all that apply | y. | |
| Who incurred the debt? Che Debtor 1 only | State | ZIP Code | Contingent Unliquidated Disputed | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors a | and another | | Student loans | | | |
| ☐ Check if this claim is for is the claim subject to offset No ☐ Yes | a community debt | | Obligations arising out of a separate you did not report as priority claims Debts to pension or profit-sharing Other. Specify Cable | 18 | | |
| Midwest Emergency A Nonpriority Creditor's Name | ssociates | | Last 4 digits of account number | 2 8 3 8 | \$ <u>3</u> | 397. |
| 800 Biesterfield Rd | | | When was the debt incurred? | 04/28/2015 | | |
| Number Street Elk Grove Village | ···· | 60007 | As of the date you file, the claim i | is: Check all that apply | <i>t</i> . | |
| City | State | ZIP Code | Contingent | | | |
| Who incurred the debt? Che | ck one | | Unliquidated | | | |
| Debtor 1 only | on one. | | ☐ Disputed | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecure | ed claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors a | and an other | | ☐ Student loans | | | |
| | | | Obligations arising out of a separa you did not report as priority claims | ation agreement or divo | orce that | |
| ☐ Check if this claim is for | _ | | Debts to pension or profit-sharing | | ır debts | |
| Is the claim subject to offset No Yes | | | ☑ Other Specify Medical | | | |
| Verizon Wireless Bank | ruptcy Adminis | tration | Last 4 digits of account number _ | 2 8 3 8 | \$5 | 68 |
| Nonpriority Creditor's Name 500 Technology Drive Number Street | Suite 550 | | When was the debt incurred? | 12/01/2015 | | |
| Weldon Spring | MO State | 63304 | As of the date you file, the claim is | s: Check all that apply. | | |
| OK y | State | ZIP Code | Contingent Unliquidated | | | |
| Who incurred the debt? Chec | ck one. | | Disputed | | | |
| Debtor 1 only | | | • | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured | d claim: | | |
| At least one of the debtors ar | nd another | | Student loans | | | |
| Check if this claim is for a | a community deht | | Obligations arising out of a separat you did not report as priority claims | S | | |
| Is the claim subject to offset | - | | Debts to pension or profit-sharing p | plans, and other similar | r debts | |
| 2 No | - | | ☑ Other Specify <u>Cellular</u> | | | |

Case 16-30553 Doc 1

Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Page 29 of 56

Debtor 1

Tara

Denise

Document Glasper

Case number (if known)_

First Name

| rt 2: | Your NONPRIORITY Unsecured Claims — Continuation | Page |
|-------|--|------|
| | | |

| Comcast Cable | | | Last 4 digits of account number 2 8 3 8 | Ar | | |
|---|--|--|--|-------------|----|--|
| Nonpriority Creditor's Name | | | | \$ | 40 | |
| P O BOX 3002 | | | When was the debt incurred? 06/13/2016 | | | |
| Number Street Southeastern | PA | 19398 | As of the date you file, the claim is: Check all that apply. | | | |
| City | State | ZIP Code | Contingent | | | |
| Who incurred the debt? Chec | rk one | | Unliquidated | | | |
| Debtor 1 only | A One. | | ☐ Disputed | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | |
| Debtor 1 and Debtor 2 only | | | Student loans | | | |
| At least one of the debtors ar | nd another | | Obligations arising out of a separation agreement or divorce that | | | |
| ☐ Check if this claim is for a | a community debt | | you did not report as priority claims | | | |
| Is the claim subject to offset | ? | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cable | | | |
| M No | | | _ Sitter, Opposity | | | |
| Yes | hal kwalinama kulimu wa ika kuwania kwapungan panganya kuliwa kuliwa kwalina kwalina kwalina kwalina kwalina k | K Principalis, Kalandi (Kristo British Kristo) | | | | |
| Illinois Dept Of Human | Service | | Last 4 digits of account number 2 8 3 8 | s <u> </u> | 52 | |
| Nonphority Creditor's Name 100 S. Grand Ave East | | | When was the debt incurred? 09/22/2015 | | | |
| Number Street Springfield | IL | 62762 | As of the date you file, the claim is: Check all that apply. | | | |
| City | State | ZIP Code | ☐ Contingent | | | |
| Who incurred the debt? Chec | k aaa | | Unliquidated | | | |
| Debtor 1 only | K 0/16. | | ☐ Disputed | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | |
| Debtor 1 and Debtor 2 only | | | Student loans | | | |
| At least one of the debtors an | d another | | Obligations arising out of a separation agreement or divorce that | | | |
| Check if this claim is for a | community debt | | you did not report as priority claims | | | |
| Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account | | | |
| No | | | - Olice. Openity Obligation 710000011 | | | |
| Yes | | | | | | |
| Sprint Wireless | offerences are any constant reasons of the desired desired and any confidence of the second | M NORMO (MPN MPN MPN MPN MPN MPN MPN MPN MPN MPN | Last 4 digits of account number 2 8 3 8 | \$ <u>7</u> | 0 | |
| Nonpriority Creditor's Name | | | - 00/00/0045 | | | |
| 6391 Sprint Parkway | | | When was the debt incurred? 06/30/2015 | | | |
| Number Street Overland Park | KS | 66251 | As of the date you file, the claim is: Check all that apply. | | | |
| City | State | ZIP Code | Contingent | | | |
| Who incurred the debt? Check | / ppp | | ☐ Unliquidated | | | |
| Who incurred the debt? Check ✓ Debtor 1 only | vuile. | | ☐ Disputed | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | |
| Debtor 1 and Debtor 2 only | | | Student loans | | | |
| At least one of the debtors and | d another | | Obligations arising out of a separation agreement or divorce that | | | |
| $oldsymbol{Q}$ Check if this claim is for a | community debt | | you did not report as priority claims | | | |
| s the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>Cellular</u> | | | |
| 2 1 No | | | - Caron Opening Committee | | | |

Debtor 1

Denise

Document Page 30 of 56

Case number (if known)_

Part 2:

| NationWide Insurance | | | Last 4 digits of account number 2 8 3 8 | s 56 |
|--|--|--|--|--|
| Nonpriority Creditor's Name 6949 Kennedy Ave | | | When was the debt incurred? 07/24/2014 | ·—— |
| Number Street Hammond | | | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Chec | ck one. | | Unliquidated Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors ar | nd another | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for | a community debt | | you did not report as priority claims | |
| Is the claim subject to offset | ? | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Insurance | |
| ₩ No | | | Other: Specify Insurance | |
| ☐ Yes | | | | |
| Aboracion de creamina como protecto, de protecto de trabajo de qual esta de protecto de pr | TO SAME SECTION OF THE PROPERTY OF THE SECTION OF T | KKANTONON-HII ASAA memio memuusuo opuusuu pyytyyseyyyy | | |
| Cook Law Magistrate-0 | יוו | | Last 4 digits of account number 2 8 3 8 | s 75 |
| Nonpriority Creditor's Name | <i>γ</i> Π | | <u> </u> | \$ <u></u> |
| 50 W. Washington St. I | Rm 1 Richard J | Dalev Ctr | When was the debt incurred? 09/01/2016 | |
| Number Street | | <u>F.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | As of the date you file, the claim is: Check all that apply. | |
| Chicago iv | IL State | 60602 | | |
| DRY | State | ZIP Code | Contingent | |
| Who incurred the debt? Chec | k one. | | ☐ Unliquidated☐ Disputed | |
| Debtor 1 only | | | bisputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors an | d another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | | you did not report as priority claims | |
| s the claim subject to offset | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>Judgement</u> | |
| No No | | | other. Specify Studger left | |
| Yes | | | | |
| Citivi Carlot de Partir e reche Santo «Accordo de Britan de Rechestra de Partir de Par | TO THE RESIDENCE AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND | *************************************** | | ************************************** |
| Cook Law Magistrate | | | Last 4 digits of account number 2 8 3 8 | \$_1,50 |
| ionpriority Creditor's Name | | | When was the debt incurred? 09/01/2016 | |
| 16501 S. Kedzie Ave R | m 119 | | When was the debt incurred? 09/01/2016 | |
| lumber Street Varkham | IL | 60426 | As of the date you file, the claim is: Check all that apply. | |
| ity | State | ZIP Code | Contingent | |
| | | | Unliquidated | |
| Vho incurred the debt? Check | cone. | | ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and | 1 another | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | | | Other. Specify Judgement | |
| ZÍ No | | | · · · · · · · · · · · · · · · · · · · | |

Case 16-30553 Doc 1

Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Page 31 of 56

Debtor 1

Denise

Document

Case number (if known)

Part 2:

| Chex System | | | Last 4 digits of account number 2 8 3 8 | | |
|---|--|--|--|--|---------|
| Nonpriority Creditor's Name 7805 Hudson Rd | | | When was the debt incurred? 09/01/2016 | \$ | |
| Number Street | | | | | |
| Woodberry City | MN | 55125 | As of the date you file, the claim is: Check all that apply. | | |
| Ску | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | | |
| Debtor 1 only | | | Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| At least one of the debtors and anothe | ī | | Obligations arising out of a separation agreement or divorce th | at | |
| Check if this claim is for a commu | ınity debt | | you did not report as priority claims | | |
| Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debt | s | |
| No | | | Other. Specify Old Accounts | | |
| ☐ Yes | | | | | |
| Equifax Bankruptcy Dept. | AM APPEN MENERAL TO THE REPORT AND THE SECONDARY | MANAGEMENT (MANAGEMENT AND | Last 4 digits of account number 2 8 3 8 | ************************************** | 945.430 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 03/01/2016 | | |
| P.O. Box 740241 | | | when was the debt incurred? | | |
| Atlanta | GA | 30374 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| • | | | Unliquidated | | |
| Who incurred the debt? Check one. | | | Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | | | ☐ Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that | nt | |
| Check if this claim is for a commu | nity debt | | you did not report as priority claims | | |
| s the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Notice Only | | |
| Ž No | | | The special states willy | | |
| Yes ********************************* | Silve elektrisk delektrisk state | SIA-CHINO COMPANION CONTROL CO | SMEROPORM CONSIDERATION CONTINUES CO | | |
| xperian Bankruptcy Dept. | | | Last 4 digits of account number 2 8 3 8 | \$ | (|
| onpriority Creditor's Name P.O. Box 2002 umber Street | | | When was the debt incurred? 03/01/2016 | | |
| umper street Allen | TX | 75013 | As of the date you file, the claim is: Check all that apply. | | |
| ity | State | ZIP Code | Contingent | | |
| the second of the second | | | Unliquidated | | |
| Who incurred the debt? Check one. | | | ☐ Disputed | | |
| Debtor 1 only Debtor 2 only | | | - | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors and another | | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a commur | nity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| the claim subject to offset? | | | Other. Specify Notice Only | | |
| Í No | | | | | |

Debtor 1

Denise

Glasper OS/25/15 Page 32 of 56
Case number (# Known)

| ľ | ij | Ĺ | | ı | ı | Ü | į | |
|---|----|---|---|---|---|---|---|---|
| L | | L | × | и | ь | 4 | 3 | ä |

| ्राह्य ———————————————————————————————————— | r listing any entries on this page, number them | beginning wit | h 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|-------------------|--|--|
| 2.7 | Trans Union Bankruptcy Dept. | | Last 4 digits of account number 2 8 3 8 | s0.0 |
| | P O Box 1000 | | When was the debt incurred? 09/01/2016 | |
| | Number Street Chester PA | 19022 | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | ☐ Contingent | |
| | Who incurred the debt? Check one. | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | Computed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | | Student loans | |
| | Check if this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Notice Only | |
| | ☑ No ☑ Yes | | Guier, Specify TVOCCOO OTHY | |
| | | | | nd resonate and construction of the constructi |
| 8 | Certegy Check Service | | Last 4 digits of account number 2 8 3 8 | \$0.0 |
| | Nonpriority Creditor's Name P.O. Box 30046 | | When was the debt incurred? 09/01/2016 | |
| , | Number Street | 00040 | As of the date you file, the claim is: Check all that apply. | |
| | Tampa FL City State | 30046 ZIP Code | Contingent | |
| | | | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | | ☐ Disputed | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offset? | | Other Specify Notice Only | |
| | ☑ No ☑ Yes | | | |
| 4 | | | | s 4,000.00 |
| ī | Judy Doody Ionpriority Creditor's Name | | Last 4 digits of account number 2 8 3 8 | T |
| _ | 16628 Turner Ave | | When was the debt incurred? 09/01/2016 | |
| | Markham IL | 60428 | As of the date you file, the claim is: Check all that apply. | |
| C | ity State z | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | | Student loans Obligations arising out of a separation agreement or diverse that | |
| | Check if this claim is for a community debt | | you did not report as priority claims | |
| | s the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | |
| • | No Yes | | Other Specify Rental/Lease | |

Document Glasper

Page 33 of 56

Debtor 1

Denise

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

| Credit Management LP | | · · · · · · · · · · · · · · · · · · · | On which entry in Part 1 or Part 2 did you list the original creditor? |
|---------------------------------------|--|--|--|
| 4200 International PY | | | Line 5:4 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claim |
| Carrollton | TX | 75007 | Last 4 digits of account number 2 8 3 8 |
| City Account Resolution Sen | State | ZIP Code | On which control in Post 4 or Post 9 did not be a first that the post 4 or Post 9 did not be a first that the post of the post |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 1801 NW 66th Ave 200 Number Street | | *************************************** | Line 5:5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| F | | 00040 | Claims |
| Fort Launderdale | FL State | 33313 ZIP Code | Last 4 digits of account number 2 8 3 8 |
| Jefferson Capital Systen | n | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 16 Mcleland Rd | | | Line 5.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | The state of the s | Part 2: Creditors with Nonpriority Unsecured |
| Saint Cloud | MN State | 56303 ZIP Code | Last 4 digits of account number 2 8 3 8 |
| Convergent Outsourcing | COVID-MINISTER AND | ariantario esta esta esta esta esta esta esta esta | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame P O BOX 9004 | | - | Line 5.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Jumber Street | | ···· | Part 2: Creditors with Nonpriority Unsecured Claims |
| Renton | WA State | 98057 ZIP Code | Last 4 digits of account number 2 8 3 8 |
| Harvard Collection Servi | | na derostrona esta esta proporta esta en 2000 tenta de decembra esta esta esta decembra de la seda esta de dec | On which entry in Part 1 or Part 2 did you list the original creditor? |
| _{lame} 4839 N Elston | | | Line 58 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago | IL State | 60630 ZIP Code | Last 4 digits of account number 2 8 3 8 |
| Enhanced Recovery Con | 000-140-140-140-140-140-140-140-140-140- | mannen ma | On which entry in Part 1 or Part 2 did you list the original creditor? |
| P O BOX 57547 | | | Line 6 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| dumber Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Jacksonville | FL | 32241 | Last 4 digits of account number 2 8 3 8 |
| Credit Collection Service | State | ZIP Code | |
| ame | * * * * * * * * * * * * * * * * * * * | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| P O BOX 607 | | | Line 6.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Norwood ity | MA | 02062 | Last 4 digits of account number 2 8 3 8 |

Document

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Page 34 of 56

Debtor 1

| _ | | | |
|-----|-------|-----------------|--|
| ret | hiama | B. d. of side a | |

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | 3 - C C C C C C C C | |
|--|---|-----|---------------------|-----------|
| | | | Total claim | |
| Total claims | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| Facilitati este esta esta esta esta esta esta esta | | | Total claim | |
| Total claims | 6f. Student loans | 6f. | \$ | 5,313.00 |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 34,508.00 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ | 39,821.00 |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 35 of 56

| Debtor | Гага | D | Glasper |
|-------------------|---------------------|-----------------------------|-----------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| Spouse If filing) | First Name | Middle Name | Last Neme |
| Jnited States B | ankruptcy Court for | r the: Northern District of | Illinois |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person o | or company wi | th whom you | have the contract or lease | State what the contract or lease is for |
|--|----------|---|--|--|---|
| 2.1 | <u> </u> | | | | Yearly Residential Lease |
| | Name | | | The state of the s | White terminals |
| | 2153 1 | 71 Street | | | |
| | Number | Street | | | |
| | Hazel (| Crest | IL | 60429 | |
| | City | | State | ZIP Code | |
| 2.2 | | | And the second s | | |
| | Name | | | | attacker |
| - | Number | Street | | | |
| DECOMENSA | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| - Company of the Comp | Number | Street | · | | |
| | City | | State | ZIP Code | |
| 2.4 | | And a first Andrews A. Control of Development Annual Section (1995) | man mandin mand digit man dirac hari didikan digitara di Seri A si tan di Seri di Seri | | |
| | Name | | | ************************************** | |
| | Number | Street | | | |
| | City | no and december 4 control of the december 4 | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| *************************************** | Number | Street | WW | | ····· |
| | City | | State | ZIP Code | |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 36 of 56

| Debtor 1 | Tara | D | Glasper | |
|--------------------|---------------------|--------------------------------------|-----------|--------|
| | First Name | Middle Name | Last Name | ······ |
| Debtor 2 | | | | |
| Spouse, if filing) | First Name | Middle Name | Last Name | |
| Inited States I | Bankruptcy Court fo | r the: Northern District of Illinois | | |

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| r | V ni frimilarnia fisioni e assenza e pastypasy y | | | | |
|---|--|--------------------------|-------------------------------------|--|---|
| 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No | | | | | |
| | ☐ Yes | | | | |
| 2. 1 | 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | | | | |
| | ☑ No. Go to line 3. | | | | |
| | Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? | | | | |
| ☑ No | | | | | |
| | Yes. | In which communit | ty state or territory did you live? | Fill in the name and current address of that person. | |
| | Nam | e of your spouse, former | spouse, or legal equivalent | | - |
| | | | | | |
| | Num | ber Street | MM-disc | | - |
| | City | | State | ZIP Code | •• |
| | . 0-1 | | *** | • | or if your spouse is filing with you. List the person |
| shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. | | | | | er. Make sure you have listed the creditor on uie G (Official Form 106G). Use Schedule D, |
| | Column 1: | Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | | Check all schedules that apply: |
| 3.1 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | | | | | Guiedule G, line |
| 0.01 | City | | State | ZIP Code | |
| 3.2 | · | | | | D Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number | Street | | | Schedule G, line |
| | | | | | Schedule G, line |
| | City | | State | ZIP Code | |
| 3.3 | | | | | C Sabadula D lina |
| | Name | | | | Schedule D, line |
| | Number | Street | | | |
| | | | | | ☐ Schedule G, line |
| ~~ | City | | State | ZIP Code | |
| | | | | | |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 37 of 56

| Fill in this in | formation to identify | your case: | | | | |
|---|--|---|---|---|--|--|
| Debtor 1 | Тага | D. | Glasper | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States I | Sankruptcy Court for the: | Northern District of Illinois | i | | | |
| Case number | | | - | Ch | neck if this is: | |
| | | | | | An amended filing | |
| O#=:-1 F | 400) | | | u | A supplement showing poincome as of the following | |
| Official Fo | | _ | | | MM / DD / YYYY | |
| Sched | ule I: You | ır Income | | | | 12/15 |
| supplying cor if you are sepa separate shee | rect information. If y arated and your spoi | ou are married and not fi use is not filing with you top of any additional pa | iling jointly, and y do not include in | our spouse is living | d Debtor 2), both are equal g with you, include informa our spouse. If more space is ber (if known). Answer ever | tion about your spouse. |
| Fill in your information | | | Debtor 1 | | Debtor 2 or nor | ı-filing spouse |
| attach a se | more than one job, parate page with about additional | Employment status | € Employed | | ☐ Employed ☐ Not employe | networks and only the entropy of th |
| Include par self-employ | t-time, seasonal, or ed work. | Occupation | Care Giver | | , | |
| | may include student ker, if it applies. | Occupation | | | | |
| | | Employer's name | Addus Home | e Health | | |
| | | Employer's address | 2300 Warrer | | | |
| | | | Number Street | | Number Street | |
| | | | Downers Gr | ove IL 60 | 515 | |
| | | How long employed the | | State ZIF Code | City | State ZIP Code |
| | | now long employed the | re? <u>5yrs</u> | - | <u>5yrs</u> _ | |
| Part 2: G | iive Details About | Monthly Income | | | | |
| Estimate m | | the date you file this for | n. If you have noth | ing to report for any | line, write \$0 in the space. In | clude your non-filing |
| If you or you | r non-filing spouse ha | | er, combine the info | ormation for all empl | oyers for that person on the li | nes |
| | | | | For Debte | or 1 For Debtor 2 or non-filing spouse | § |
| 2. List month deductions | ely gross wages, sala). If not paid monthly, | ory, and commissions (be calculate what the monthly | efore all payroll wage would be. | ^{2.} \$ 2,580 | Harmonia and the second and the seco | P44 |
| 3. Estimate a | nd list monthly over | time pay. | | - | .00 + \$ | |
| 4. Calculate (| gross income. Add lin | e 2 + line 3. | | 4. \$ 2,580 | <u>\$</u> | |
| | THE CONTRACTOR OF THE CONTRACT | manananan ya ya manan aka aka ta ta manan ya manan ya ya manangan ya maya ya | | AM, *** * * * * * * * * * * * * * * * * * | Committee and the committee of the commi | |

Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 38 of 56 Case 16-30553

| Debtor | 1 Tara | D. Middle Name La | Glasper | | | Case number (# | know | n) | ····· | | |
|------------------------|---|--|--|---------------------|----------|----------------|--------------|------------------|---|----|--|
| ! | | | e e e e e e e e e e e e e e e e e e e | | · swi | | | Tirosessaessae | AV SERVASERAS A PERENC | | |
| | | | | | | or Debtor 1 | 88 88 | 医多种性多种 医甲烷基甲基苯 | btor 2 or ing spouse | i. | |
| Co | py line 4 here | | | → 4. | \$ | 2,580.00 |) | \$ | | | |
| 5. Lis i | t all payroli dec | fuctions: | | | | | | | | • | |
| 5a | . Tax. Medicar | e, and Social Security de | ductions | 5a. | \$ | 481.00 | 1 | • | | | |
| 1 | | ontributions for retireme | | 5b. | э. \$ | 0.00 | _ | | | - | |
| i | | ntributions for retiremen | • | 5c. | \$ | 0.00 | ••• | | | | |
| 5 | | ayments of retirement fu | | 5d. | \$ | 0.00 | | | | • | |
| 5e | Insurance | | | 5e. | \$ | 0.00 | _ | | | • | |
| 5f. | Domestic su | pport obligations | | 5f. | \$ | 0.00 | _ | | | | |
| 5g | . Union dues | | | 5g. | \$_ | 70.00 | _ | \$ | | | |
| 5h | . Other deduct | ions. Specify: n/a | | 5h. | +s | 0.00 | _ | + s | | | |
| 6. A d | ld the payroll d | leductions. Add lines 5a + | 5b + 5c + 5d + 5e +5f + 5g + | - 5h. 6. | \$_ | 551.00 | _ | \$ | | | |
| 7. C a | iculate total m | onthly take-home pay. S | ubtract line 6 from line 4. | 7. | \$_ | 2,029.00 | - | \$ | | | |
| 8. Lis | t all other inco | me regularly received: | | | | | | | | | |
| | | om rental property and f | rom operating a business, | | | | | | | | |
| | Attach a state receipts, ordin monthly net in | ment for each property and ary and necessary busines | business showing gross business, and the total | 0- | \$ | 0.00 | | \$ | | | |
| 8b | . Interest and o | | | 8a. 8b. | • | 0.00 | - | • | *************************************** | | |
| 8c. | Family suppo | ort payments that you, a r | ion-filing spouse, or a depe | | Ψ_ | 0.00 | - | Φ | · · · · · · · · · · · · · · · · · · · | | |
| | Include alimon | | upport, maintenance, divorce | 8c. | \$ | 0.00 | _ | \$ | | | |
| 8d. | Unemployme | nt compensation | | 8d. | \$_ | 0.00 | _ | \$ | | | |
| 8e. | Social Securi | ty | | 8e. | \$_ | 0.00 | | \$ | | | |
| 8f. | Include cash a that you receiv | ment assistance that you ssistance and the value (if e, such as food stamps (be tance Program) or housing | known) of any non-cash assi- | stance al 8f. | \$ | 0.00 | | \$ | | | |
| 0.5 | | | | | Ψ_ | | | Φ | | | |
| | | tirement income | | 8g. | \$_ | 0.00 | | \$ | | | |
| 8h. | Other monthly | income. Specify: n/a | | 8h. | + \$_ | 0.00 | | +\$ | | _ | |
| | | me . Add lines 8a + 8b + 86 | • | 9. | \$_ | 0.00 | | \$ | | | |
| 10. Calc Add | ulate monthly the entries in lir | income. Add line 7 + line 9 ne 10 for Debtor 1 and Debtor 1 |). otor 2 or non-filing spouse. | 10. | \$_ | 2,029.00 | + | \$ | 0.00 | = | \$2,029.00 |
| Inclu | | | expenses that you list in Sc er, members of your household | | pend | ents, your roo | mm | nates, and | other | - | |
| Do n Spec | ot include any a cify: n/a | amounts already included i | n lines 2-10 or amounts that a | are not av | ailable | to pay expe | nses | s listed in | Schedule J. 11. | + | s 0.00 |
| 2. Add Write | the amount in that amount or | the last column of line 1 | O to the amount in line 11. T sets and Liabilities and Certai | he result | is the | combined mo | onth appl | ly income ies | | | \$ 2,029.00 |
| | | | | | | , | .,-,- | | 12. | | Combined |
| ₹ | No. | increase or decrease wit | hin the year after you file th | is form? | | | | | | | monthly income |
| | Yes. Explain: | | | | | | | | | | A************************************* |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 39 of 56

| Fill | in this information to iden | tify your case: | | | | | |
|-----------------------------|---|--------------------------------------|------------------------------------|--|--|--|--|
| Debt | | D. | Glaspei | r Charleis | 461- 1- | | |
| Debt | | Middle Name | Last Name | Check if | | | |
| (Spot | use, if filing) First Name | Middle Name | Last Name | — ☐ An ar | | | petition chapter 13 |
| Unite | ed States Bankruptcy Court for ti | he: Northern District of Illin | ois | expe | nses as | of the following | g date: |
| Case (If kn | e number nown) | | | MM / | DD / YYY | Y | |
| Offi | icial Form 106J | | | | | | |
| Sc | hedule J: Y | our Expens | es | | | | 12/15 |
| inforn | nation. If more space is ne own). Answer every questi | eded, attach another she on. | people are fili et to this form | ing together, both are equally n. On the top of any additiona | responding | sible for supply write your nam | ing correct e and case number |
| 1. Is ti | his a joint case? | | | | | | |
| | No. Go to line 2. Yes. Does Debtor 2 live in | a separate household? | | | | | |
| - Nam (AM) (Inch A) - Inch | ☐ No ☐ Yes. Debtor 2 mus | t file Official Form 106J-2, | Expenses for S | Separate Household of Debtor 2 | ı. | | |
| 2. Do 3 | you have dependents? | ☑ No | | Danandanta mintianahi. | ************************************** | | one valenters also right to group for stance from the collection of the collection o |
| | not list Debtor 1 and otor 2. | Yes. Fill out this in each dependent | | Dependent's relationship to Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | not state the dependents' | oddi dopolidoric. | | | | | □ No |
| nam | nes. | | | | | | Yes |
| | | | | *************************************** | | | ☐ No ☐ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes ☐ No |
| | | | | | | · | U No □ Yes |
| expe | our expenses include enses of people other than rself and your dependents | ☑ No ? ☐ Yes | | | geographic and the control of the co | ra (1900) i Malana i Mada es compagn (1904) es el mi | |
| Part 2: | Estimate Your Ong | oing Monthly Expense | es | / Frank I The Read to a the gally profession and profess | and the stage of | - 20 Thirteen and all the state of the state | annikalinggah digunak pangan kenangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pe |
| expens | ite your expenses as of yo | ur bankruptcy filing date | unless you a | re using this form as a supple ental <i>Schedule J</i> , check the be | ement in | a Chapter 13 co top of the form | ase to report and fill in the |
| | e expenses paid for with n | on-cash government ass | istance if you | know the value of | | 19/01/20/20/20/20/20/20/20/20/20/20/20/20/20/ | managa kang kanana sang kanana sa |
| such a | ssistance and have includ | ed it on Schedule I: You | r Income (Offic | cial Form 106l.) | | Your exper | 1505 |
| 4. The any | e rental or home ownership rent for the ground or lot. | expenses for your resid | lence. Include : | first mortgage payments and | 4. | \$ | 1,000.00 |
| lf n | ot included in line 4: | | | | | | |
| 4a. | Real estate taxes | | | | 4a. | \$ | 0.00 |
| 4b. | Property, homeowner's, or | | | | 4b. | \$ | 0.00 |
| 4c. | Home maintenance, repair | | | | 4 c. | \$ | 0.00 |
| 4d. | Homeowner's association | or condominium dues | | | 4d. | \$ | 0.00 |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 40 of 56

 Debtor 1
 Tara
 D.
 Glasper

 First Name
 Middle Name
 Last Name

Case number (# known)

| | | | Your ex | penses |
|-----|---|------|-------------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 150.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | |
| | 6d. Other. Specify: n/a | 6d. | \$ | 0.00 |
| 7. | | 7. | \$ | 100.00 |
| 8. | Childcare and children's education costs | 8. | e | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | |
| 10. | Personal care products and services | 10. | \$ | 00.00 |
| 11, | Medical and dental expenses | 11. | \$ | |
| 12, | Transportation. Include gas, maintenance, bus or train fare. | | | |
| | Do not include car payments. | 12. | \$ | 60.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 113.00 |
| | 15d. Other insurance. Specify: n/a | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 354.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: n/a | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: n/a | 17d. | \$ | 0.00 |
| 18. | Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: n/a | 19, | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 41 of 56

| Debtor 1 | Tara First Name | D. Middle Name La | Glasper | Case number (# known) | | |
|-----------------|------------------------|--|--|---|--|--|
| 21. Othe | er Specify: <u>n/a</u> | | | 21. | . | 0.00 |
| 22. Caic | ulate your mont | bhr avnens | | 21. | | U.UU |
| | | | | | | |
| 22a. | Add lines 4 throu | gh 21. | | 22a . | \$ | 2,017.00 |
| 22b. | Copy line 22 (mo | nthly expenses for Deb | tor 2), if any, from Official Form 10 | 6J-2 22b. | \$ | 0.00 |
| 22c. | Add line 22a and | 22b. The result is your | monthly expenses. | 22c. | \$ | 2,017.00 |
| 23. Calcui | late your monthl | w net income | | | Lumman, Mary and Mary | |
| | | | . | | | 2,029.00 |
| | | | come) from Schedule I. | 23a, | \$ | 2,029.00 |
| 23b. | Copy your month | ly expenses from line 2 | 2c above. | 23b. | -\$ | 2,017.00 |
| 23c. | Subtract your mo | nthly expenses from yo | ur monthly income. | | | |
| • | The result is your | monthly net income. | | 23c. | \$ | 12.00 |
| | | | our expenses within the year aft | | | |
| mortga | ige payment to in- | crease or decrease bed | your car loan within the year or do cause of a modification to the term | you expect your s of your mortgage? | | |
| ☑ No. | · * | Annual Company of the Annual of States of the State of the States of the | and of the second secon | | | |
| ☐ Yes | Explain her | | en de la companya de | ringan kerandiri, dandirandi sisa kidadi dahari keranggari hiraman pendelegan pendelegan dangga kidada a kemada | Personal of the comment of the comme | Manager and the second property of the second secon |
| | 17.7 | | | | | |
| | over about and | | | | | |
| | \$ \$ \$ | 741 100 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | SET IN A PROPERTY OF THE PROPE | | | |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 42 of 56

| Debtor 1 | Tara | D | Glaspe | er | |
|--------------------------------|---------------|--------------|-------------------------|-----------|--|
| | First Name | | Middle Name | Lest Name | |
| Debtor 2 Spouse, if filing) | First Name | | Middle Name | Last Name | |
| United States | Bankruptcy Co | urt for the: | Northern District of II | linois | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| What is your current marital statu 고 Married 전 Not married | rs? | | | | |
|--|--|--|---|--|-------------------------------|
| Puring the last 3 years, have you No Yes. List all of the places you live | | | | | |
| Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| | | | Same as Debtor 1 | | Same as Debtor |
| Number Street | | From | Number Street | | From |
| City Sta | ite ZIP Code | | City | State ZIP Code | |
| | and the second s | er et er er et et e er en et er er en et e en e | Same as Debtor 1 | COSMI SICELLA SILA A MANAMATA | Same as Debtor |
| Number Street | | From To | Number Street | | From |
| City Sta | te ZIP Code | | City | State ZIP Code | |
| City Sta Vithin the last 8 years, did you evertates and territories include Arizona No Yes. Make sure you fill out Sche | rer live with a spo a, California, Idaho | o, Louisiana, Nevad | valent in a community pro da, New Mexico, Puerto Rio | operty state or territory? ((| Community pro |

Document Page 43 of 56 Tara D Debtor 1 Glasper Case number (if kno Last Name 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of Income **Gross Income** Sources of income **Gross income** (before deductions and Check all that apply. Check all that apply. (before deductions and exclusions) exclusions) Wages, commissions, ■ Wages, commissions, From January 1 of current year until 23,226.00 bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, For last calendar year: bonuses, tips 33.691.00 bonuses, tips (January 1 to December 31,2014 Operating a business Operating a business Wages, commissions, Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips 35,518.00 (January 1 to December 31, 2015 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. **☑** No Yes. Fill in the details. Dabtor 1 Debtor 2 Sources of Income Gross income from Sources of income **Gross income from** Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2014 For the calendar year before that: (January 1 to December 31,2015

Case 16-30553

Doc 1

Filed 09/26/16

Entered 09/26/16 15:07:42 Desc Main

Filed 09/26/16 Case 16-30553 Doc 1

Document

Entered 09/26/16 15:07:42 Desc Main Page 44 of 56

Debtor 1

| | | Boodinone | . ago o. oo |
|------------|-------------|-----------|--------------------------|
| Tara | ח | Glasper | |
| | | Ciaspei | _ Case number (if known) |
| First Nama | Middle Name | 1 111 | |

| re eith | er Debtor 1's or Del | otor 2's del | bts primarily (| onsumer debts | s? | | | | |
|---------|---|--|--|--|--|--|----------------------------------|--------------------------|---|
| No. | Neither Debtor 1 ne | or Debtor 2 vidual prima | 2 has primarily wrily for a perso | y consumer det | ots. Consur | ner debts are | defined in 1 | I1 U.S.C. § 101(| 8) as |
| | During the 90 days | | | | | | 6,425* or m | ore? | |
| | No. Go to line 7. | | | | | | | | |
| | Yes. List below total amount child support | nt you paid t ort and alima | that creditor. D ony. Also, do n | o not include pa ot include paym | yments for ents to an a | domestic sup ttorney for thi | port obligati s bankrupto | ons, such as cy case. | |
| Yes. | Debtor 1 or Debtor | | | | | med on or and | or the date (| or aujustment. | |
| , 00. | During the 90 days t | | | | | or a total of \$6 | 300 or more | .2 | |
| | No. Go to line 7. | | | | ,, | | | | |
| | Yes. List below e creditor. Do alimony. Als |) not include | e payments for | domestic supports to an attorney Dates of payment | ırt obligatioı | ns, such as ch nkruptcy case | ild support | and | Was this payment for. |
| | | | | | \$ | 0.00 | \$ | 0.00 | ☐ Mortgage |
| | Creditor's Name | | | | | | | | Car |
| | Number Street | | | *************************************** | | | | | Credit card |
| | | | | | | | | | Loan repayment |
| | , 1740 MANUTAL | | V-10-20-00-00-00-00-00-00-00-00-00-00-00-00 | | | | | | ☐ Suppliers or vendor |
| | | State | ZIP Code | | | | | | Other |
| | City | | | | | | | | |
| | City 14470-17450-1850-1860-1860-1860-1860-1860-1860-1860-186 | ENTER ESPECIAL VALUE WAS THE STREAMS OF | tive (the University) and address to be an imposed for insure | hara y ar ngaragan ngaritis ra Antonina a Si salamana na ana daa ay lagaang | orania resista artista de constitución de cons | 0.00 | • | 0 00 | Profile College |
| | City Creditor's Name | control supersistent tradesty review to the enter a | the State (Magazine Martin Laide and State and Landow A | inter a martinar a station in America a Station in America a Station in the America and Am | \$ | 00.00 | \$ | 0.00 | ☐ Mortgage |
| | Creditor's Name | inisel (SPORTER) Production was been about an experience of the second o | | The transfer of the transfer o | S | 0.00 | \$ | 0.00 | Car |
| | NEW PORTES (William Peter Section to Indian Section Section Section Section Section Section Section Section Sec | jones i supremi kalanda kana kalanda kana kana kana kana kana kana kana | | | \$ | 0.00 | | 0.00 | Car Credit card |
| | Creditor's Name | | | | \$ | 0.00 | \$ | 0.00 | Car Credit card Loan repayment |
| | Creditor's Name | State | ZIP Code | The state of the s | \$ | 0.00 | \$ | 0.00 | Car Credit card Loan repayment |
| | Creditor's Name Number Street | State | ZIP Code | | \$ | 0.00 | \$ | 0.00 | Car Credit card Loan repayment Suppliers or vendor |
| | Creditor's Name Number Street | State | ZIP Code | | \$ | and A declined remains to state and set at a state of the set of t | ECOMMON Accion Assista from some | | Car Credit card Loan repayment Suppliers or vendor Other |
| | Creditor's Name Number Street | State | ZIP Code | | on over miles 100 to 000 Resta Assa Assa Assa Assa Assa Assa Assa A | 0.00 | ECOMMON Accion Assista from some | 0.00 | Car Credit card Loan repayment Suppliers or vendor Other Mortgage |
| | Creditor's Name Number Street City Creditor's Name | State | ZiP Code | | on over miles 100 to 000 Resta Assa Assa Assa Assa Assa Assa Assa A | and A declined remains to state and set at a state of the set of t | ECOMMON Accion Assista from some | | Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car |
| | Creditor's Name Number Street | State | ZIP Code | | on over miles 100 to 000 Resta Assa Assa Assa Assa Assa Assa Assa A | and A declined remains to state and set at a state of the set of t | ECOMMON Accion Assista from some | | Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card |
| | Creditor's Name Number Street City Creditor's Name | State | ZIP Code | | on over miles 100 to 000 Resta Assa Assa Assa Assa Assa Assa Assa A | and A declined remains to state and set at a state of the set of t | ECOMMON Accion Assista from some | | Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 45 of 56 D Tara Glasper Debtor 1 First Name Middle Name Last Name 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. **☑** No Yes. List all payments to an insider. Dates of Total amount Amount you still Reason for this payment payment pald 0.00 \$ 0.00 Insider's Name Number Street City State ZIP Code 0.00 \$ 0.00 Insider's Name Number Street ZIP Code State 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited Include payments on debts guaranteed or cosigned by an insider. ☑ No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still Reason for this payment payment Include creditor's name 0.00 0.00 Insider's Name Number Street State ZIP Code 0.00 \$ 0.00 Insider's Name

Number

Street

State

ZIP Code

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 46 of 56

Debtor 1

| | | Document | Page 40 01 50 |
|------------|-------------|----------|------------------------|
| Tara | D | Glasper | Coop number (%) |
| First Name | Liddle Nome | 1 2 2 1 | Case number (if known) |

| n 1 year before you filed for bankr Il such matters, including personal in ontract disputes. | ruptcy, were you a party in any la ijury cases, small claims actions, d | awsuit, court action, or administrative plivorces, collection suits, paternity actions | oroceeding? , support or custody modifica |
|--|--|--|--|
| 0 | | | |
| es. Fill in the details. | | | |
| | Nature of the case | Court or agency | Status of the cas |
| | Acceptable of Agricultural of Immunity in members of Section 1995 of Agricultural Control of Contro | | |
| Case title | | Court Name | Pending |
| | | Court Name | On appeal |
| | | Number Street | Concluded |
| Case number | | | |
| | - | City State ZIP Code |) |
| The BBS to the Book and the Common and the Company of the State of the Common and the Common and the Company of | PER AND THE PROPERTY OF THE PR | an particular and a par | ibil ferrandianlannaman annaman annaman kerampye enggaren, arantajuas, arantaa anamba erenzista sandian ane ssa A |
| Case title | | Court Name | Pending |
| | | Court Name | On appeal |
| | - | Number Street | Concluded |
| Case number | | | — Condidoed |
| /sac stutinosi | | City State ZIP Code | |
| all that apply and fill in the details b Go to line 11. S. Fill in the information below. | elow. Describe the propert | | ttached, seized, or levied? Value of the propert |
| o. Go to line 11. es. Fill in the information below. Honor Finance Corp | | | Value of the property |
| O. Go to line 11. es. Fill in the information below. Honor Finance Corp Creditor's Name | Describe the propert | | Value of the property |
| o. Go to line 11. es. Fill in the information below. Honor Finance Corp | Describe the propert | y Date | Value of the property |
| D. Go to line 11. S. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central | Describe the propert 2004 Lexus Explain what happer | Date Lack to the state of the | |
| D. Go to line 11. S. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central | Describe the propert 2004 Lexus Explain what happer | Date Date epossessed. | Value of the property |
| Honor Finance Corp Creditor's Name 1731 Central Number Street | Describe the propert 2004 Lexus Explain what happer Property was re | bed epossessed. oreclosed. | Value of the propert |
| D. Go to line 11. ES. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston IL | Describe the propert 2004 Lexus Explain what happer Property was for Property was for Property was go | bed epossessed. oreclosed. | Value of the property |
| D. Go to line 11. ES. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston IL | Describe the propert 2004 Lexus Explain what happer Property was for Property was for Property was go | Date | Value of the propert |
| D. Go to line 11. ES. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston IL | Explain what happer Property was recommended in the property was recommended in the property was recommended in the property was greater in the property was a property wa | Date | Value of the propert |
| D. Go to line 11. ES. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston IL | Explain what happer Property was recommended in the property was recommended in the property was recommended in the property was greater in the property was a property wa | Date | Value of the property \$\frac{14,000.00}{} |
| D. Go to line 11. ES. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston IL | Explain what happer Property was recommended in the property was recommended in the property was recommended in the property was greater in the property was a property wa | Date | Value of the property \$ 14,000.00 Value of the proper |
| D. Go to line 11. Es. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston L Gity State Zi Creditor's Name | Explain what happer Property was recommended in the property was recommended in the property was recommended in the property was greater in the property was a property wa | Date | Value of the property \$ 14,000.00 Value of the proper |
| D. Go to line 11. ES. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston IL City State Zi | Explain what happer Property was recommended in the property was recommended in the property was recommended in the property was greater in the property was a property wa | by Date Date Date Date Date Date Date Date | Value of the property \$ 14,000.00 Value of the proper |
| D. Go to line 11. Es. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston L Gity State Zi Creditor's Name | Describe the propert 2004 Lexus Explain what happer Property was for property was good property was a proper | by Date ped pepossessed. peroclosed. parnished. pattached, seized, or levied. Date | Value of the property \$ 14,000.00 Value of the proper |
| D. Go to line 11. Es. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston L Gity State Zi Creditor's Name | Explain what happen Property was recorded Property was as a Describe the propert Explain what happen Property was as a Describe the propert Explain what happen Property was recorded Property was a describe the propert | bed epossessed. oreclosed. garnished. sittached, seized, or levied. y Date | Value of the property \$ 14,000.00 Value of the proper |
| D. Go to line 11. Es. Fill in the information below. Honor Finance Corp Creditor's Name 1731 Central Number Street Evanston L Gity State Zi Creditor's Name | Describe the propert 2004 Lexus Explain what happer Property was for property was good property was a proper | by Date Dat | Value of the property \$ 14,000.00 Value of the proper |

Document Page 47 of 56 Tara D Glasper Debtor 1 Case number (if know First Name Middle Name Last Name 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. Describe the action the creditor took Date action Amount was taken Creditor's Name 0.00 Number Street City State ZIP Code Last 4 digits of account number: XXXX-12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? M No Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? M No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts 0.00 Person to Whom You Gave the Gift 0.00 Number Street State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave per person the gifts 0.00 Person to Whom You Gave the Gift 0.00 Number Street Person's relationship to you .

Case 16-30553 Doc 1

Filed 09/26/16

Entered 09/26/16 15:07:42 Desc Main

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 48 of 56 Tara D Glasper Debtor 1 Case number (if known First Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Date you contributed Describe what you contributed Value that total more than \$600 0.00 Charity's Name 0.00 Number Street City ZIP Code State Part 6: **List Certain Losses** 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? M No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. 0.00 Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment Veroncia Eason - BPP transfer was Person Who Was Paid made Preparation of Chapter 7 Bankruptcy Documents 9212 South Stony Island 100.00 09/17/2016 Number Street Cnhicago 60617 City State ZIP Code Email or website address Person Who Made the Payment, if Not You

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 49 of 56

Tara D Glasper Debtor 1 Case number (#known) First Name Middle Name Description and value of any property transferred Date payment or Amount of transfer was made payment 001Debtorcc Credit Counseling Certificate Person Who Was Paid 09/22/2016 14.95 372 Sumit Number Street 0.00 Jersey City NJ 07306 City State ZIP Code 001debtorcc.com Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. M No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid 0.00 Number Street 0.00 ZIP Code City 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **Y** No Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer transferred or debts paid in exchange was made Person Who Received Transfer Number Street State ZIP Code Person's relationship to you Person Who Received Transfer Number Street

City

Person's relationship to you

State

ZIP Code

Document Page 50 of 56 Tara Glasper Debtor 1 Case number (if known) First Name Middle Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) ☑ No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **2** No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred Name of Financial Institution Checking 0.00 XXXX--☐ Savings Number Street ■ Money market Brokerage City State ZIP Code Other_ Checking XXXX--0.00 Name of Financial Institution ☐ Savings Money market Number Street ☐ Brokerage Other ZIP Code State 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? M No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? ☐ No ☐ Yes Name of Financial Institution Name Number Street Number Street City State ZIP Code City State ZIP Code

Case 16-30553

Doc 1

Filed 09/26/16

Entered 09/26/16 15:07:42 Desc Main

Entered 09/26/16 15:07:42 Case 16-30553 Doc 1 Filed 09/26/16 Desc Main Page 51 of 56 Document Tara D Glasper Debtor 1 Case number (if known First Name Middle Name Last Name 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? Name of Storage Facility Name Yes Number Street Number Street CityState ZIP Code Part 9: **Identify Property You Hold or Control for Someone Else** 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **Y** No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name 0.00 Number Street ZIP Code City State ZIP Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Mazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ☐ No Yes. Fill in the details. Date of notice Governmental unit Environmental law, if you know it Name of site Governmental unit Street Number Street City State ZIP Code

ZIP Code

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 52 of 56

Glasper

| Da | hine | 4 | |
|----|------|---|--|

Tara

D

| 1 First Name | Middle Name | Last Name | | e number (if known) | *************************************** |
|---|--|--|---|--|--|
| | | | | | |
| | | | | | |
| ave you notified a | any governmenta | າໄ unit of any release of hazardoເ | us material? | | |
| 1 No | | | | | |
| Yes. Fill in the | details. | | | | |
| | | Governmental unit | Environn | nental law, if you know it | Date of notice |
| | | | | | |
| | | | | | Polatecka A Number |
| Name of site | | Governmental unit | | | |
| Number Street | *************************************** | Number Street | <u> </u> | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | City State Zi | P Code | | |
| | | _ | | | |
| City | State ZIP | Code | | | |
| ive you been a pa | artv in anv ludicia | al or administrative proceeding a | ınder anv environa | nental law? Include settlements and | |
| l No | | | ander any entroom | iental law i include setuements and | orders. |
| Yes. Fill in the o | detaile | | | | |
| | ucians. | | | | en melengerene |
| | | Court or agency | Natu | ure of the case | Status of the case |
| Case title | | | while the former. | | |
| | | Court Name | | | Pending |
| | | | | | On appea |
| | | | | | |
| | | Number Street | | | Conclude |
| | | Number Street | | | Conclude |
| ithin 4 years befo | re you filed for b | City State our Business or Connections pankruptcy, did you own a busine | ess or have any of | the following connections to any bu | |
| 11: Give Der ithin 4 years befo A sole propr A member o A partner in An officer, d | ore you filed for b rietor or self-emp of a limited liabilit a partnership lirector, or manag f at least 5% of th | City State our Business or Connections cankruptcy, did you own a busine coloyed in a trade, profession, or ty company (LLC) or limited liabile ging executive of a corporation the voting or equity securities of a | to Any Business ess or have any of other activity, eithe lity partnership (LL | the following connections to any bu | |
| 11: Give Der ithin 4 years befo A sole propr A member o A partner in An officer, d An owner of | ore you filed for b rietor or self-emp of a limited liabilit a partnership lirector, or mana of at least 5% of the above applies. | City State our Business or Connections cankruptcy, did you own a busine coloyed in a trade, profession, or ty company (LLC) or limited liabile ging executive of a corporation the voting or equity securities of a | to Any Business ess or have any of other activity, eithe lity partnership (LL | the following connections to any bu | |
| 11: Give Der thin 4 years befo A sole propr A member o A partner in An officer, d An owner of | ore you filed for b rietor or self-emp of a limited liabilit a partnership lirector, or mana of at least 5% of the above applies. | City State our Business or Connections cankruptcy, did you own a busine coloyed in a trade, profession, or ty company (LLC) or limited liable ging executive of a corporation the voting or equity securities of a | to Any Business ess or have any of so other activity, eithe flity partnership (LL a corporation ach business. | the following connections to any bu er full-time or part-time .P) Employer identification numbe | siness? |
| 11: Give Der thin 4 years befo A sole propr A member o A partner in An officer, d An owner of | ore you filed for b rietor or self-emp of a limited liabilit a partnership lirector, or mana of at least 5% of the above applies. | City State our Business or Connections cankruptcy, did you own a busine coloyed in a trade, profession, or ty company (LLC) or limited liable ging executive of a corporation the voting or equity securities of a Go to Part 12. and fill in the details below for e | to Any Business ess or have any of so other activity, eithe flity partnership (LL a corporation ach business. | the following connections to any bu er full-time or part-time .P) | siness? |
| 11: Give Detaithin 4 years befo A sole propr A member o A partner in An officer, d An owner of No. None of the Yes. Check all the | ore you filed for b rietor or self-emp of a limited liabilit a partnership lirector, or mana of at least 5% of the above applies. | City State our Business or Connections cankruptcy, did you own a busine coloyed in a trade, profession, or ty company (LLC) or limited liable ging executive of a corporation the voting or equity securities of a Go to Part 12. and fill in the details below for e | to Any Business ess or have any of so other activity, eithe flity partnership (LL a corporation ach business. | the following connections to any but of full-time or part-time LP) Employer Identification number to not include Social Security | r number or ITIN. |
| 11: Give Detaithin 4 years befo A sole propr A member o A partner in An officer, d An owner of No. None of the Yes. Check all the | ore you filed for b rietor or self-emp of a limited liabilit a partnership lirector, or mana of at least 5% of the above applies. | City State our Business or Connections cankruptcy, did you own a busine coloyed in a trade, profession, or the company (LLC) or limited liable ging executive of a corporation are voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the | to Any Business ess or have any of other activity, eithe either activity, either activity partnership (LL acorporation ach business. | the following connections to any but of full-time or part-time LP) Employer Identification number Do not include Social Security | r number or ITIN. |
| thin 4 years befo A sole propr A member o A partner in An officer, d An owner of No. None of the Yes. Check all th | ore you filed for b rietor or self-emp of a limited liabilit a partnership lirector, or mana of at least 5% of the above applies. | City State our Business or Connections cankruptcy, did you own a busine coloyed in a trade, profession, or ty company (LLC) or limited liable ging executive of a corporation the voting or equity securities of a Go to Part 12. and fill in the details below for e | to Any Business ess or have any of other activity, eithe either activity, either activity partnership (LL acorporation ach business. | the following connections to any but of full-time or part-time LP) Employer Identification number to not include Social Security | r number or ITIN. |
| thin 4 years befo A sole propr A member o A partner in An officer, d An owner of No. None of the Yes. Check all th | ore you filed for b rietor or self-emp of a limited liabilit a partnership lirector, or mana of at least 5% of the above applies. | City State our Business or Connections cankruptcy, did you own a busine coloyed in a trade, profession, or the company (LLC) or limited liable ging executive of a corporation are voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the | to Any Business ess or have any of other activity, eithe either activity, either activity partnership (LL acorporation ach business. | Employer identification number Do not include Social Security EIN: Dates business existed | r number or ITIN. |
| thin 4 years befo A sole propr A member o A partner in An officer, d An owner of No. None of the Yes. Check all th | ore you filed for brietor or self-emp of a limited liabilit a partnership lirector, or manag f at least 5% of the above applies. C hat apply above | City State our Business or Connections pankruptcy, did you own a busine ployed in a trade, profession, or try company (LLC) or limited liable ging executive of a corporation the voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the Name of accountant or both | to Any Business ess or have any of other activity, eithe either activity, either activity partnership (LL acorporation ach business. | the following connections to any but of full-time or part-time LP) Employer Identification number Do not include Social Security | r number or ITIN. |
| thin 4 years befo A sole propr A member o A partner in An officer, d An owner of No. None of the Yes. Check all th | ore you filed for b rietor or self-emp of a limited liabilit a partnership lirector, or mana of at least 5% of the above applies. | City State our Business or Connections conkruptcy, did you own a busine coloyed in a trade, profession, or the company (LLC) or limited liable ging executive of a corporation are voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the Name of accountant or bo | to Any Business ess or have any of other activity, eithe either activity, either either activity partnership (LL acorporation ach business. | Employer Identification number Do not include Social Security EIN: Dates business existed From To | siness? |
| 11: Give Detithin 4 years befo A sole propr A member of A partner in An officer, d An owner of No. None of the Yes. Check all the Business Name Number Street | ore you filed for brietor or self-emp of a limited liabilit a partnership lirector, or manag f at least 5% of the above applies. C hat apply above | City State our Business or Connections pankruptcy, did you own a busine ployed in a trade, profession, or try company (LLC) or limited liable ging executive of a corporation the voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the Name of accountant or both | to Any Business ess or have any of other activity, eithe either activity, either either activity partnership (LL acorporation ach business. | Employer Identification number Do not include Social Security EIN: Dates business existed From To Employer Identification number Do not include Social Security | r number or ITIN. |
| 11: Give Detaithin 4 years befoon A sole proproduced A partner in An officer, do An owner of No. None of the Yes. Check all the Business Name | ore you filed for brietor or self-emp of a limited liabilit a partnership lirector, or manag f at least 5% of the above applies. C hat apply above | City State our Business or Connections conkruptcy, did you own a busine coloyed in a trade, profession, or the company (LLC) or limited liable ging executive of a corporation are voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the Name of accountant or bo | to Any Business ess or have any of other activity, eithe either activity, either either activity partnership (LL acorporation ach business. | Employer Identification number Do not include Social Security EIN: Dates business existed From To | r number or ITIN. |
| It: Give Detaithin 4 years befoon A sole proproduced A partner in An officer, do An owner of No. None of the Yes. Check all the Business Name Number Street Gity Business Name | ore you filed for brietor or self-emp of a limited liabilit a partnership lirector, or manag f at least 5% of the above applies. C hat apply above | City State our Business or Connections conkruptcy, did you own a busine coloyed in a trade, profession, or the company (LLC) or limited liable ging executive of a corporation are voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the Name of accountant or bo | to Any Business ess or have any of other activity, eithe either activity, either either activity partnership (LL acorporation ach business. | Employer Identification number Do not include Social Security EIN: Dates business existed From To Employer Identification number Do not include Social Security | r number or ITIN. |
| 11: Give Detithin 4 years befo A sole propr A member of A partner in An officer, d An owner of No. None of the Yes. Check all the Business Name Number Street | ore you filed for brietor or self-emp of a limited liabilit a partnership lirector, or manag f at least 5% of the above applies. C hat apply above | City State our Business or Connections conkruptcy, did you own a busine coloyed in a trade, profession, or the company (LLC) or limited liable ging executive of a corporation are voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the Name of accountant or bo | to Any Business ess or have any of other activity, either activity, either activity partnership (LL acorporation ach business. bookkeeper | Employer Identification number Do not include Social Security Employer Identification number Do not include Social Security EIN: Dates business existed From To Employer Identification number Do not include Social Security EIN: | r number or ITIN. |
| It: Give Detaithin 4 years befoon A sole proproduced A partner in An officer, do An owner of No. None of the Yes. Check all the Business Name Number Street Gity Business Name | ore you filed for brietor or self-emp of a limited liabilit a partnership lirector, or manag f at least 5% of the above applies. C hat apply above | City State our Business or Connections conkruptcy, did you own a busine coloyed in a trade, profession, or the company (LLC) or limited liable ging executive of a corporation are voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the Name of accountant or bo | to Any Business ess or have any of other activity, either activity, either activity partnership (LL acorporation ach business. bookkeeper | Employer identification number Do not include Social Security From To Employer identification number Do not include Social Security From To Employer identification number Do not include Social Security | r number or ITIN. r number or ITIN. |
| It: Give Detaithin 4 years befoon A sole proproduced A partner in An officer, do An owner of No. None of the Yes. Check all the Business Name Number Street Gity Business Name | ore you filed for brietor or self-emp of a limited liabilit a partnership lirector, or manag f at least 5% of the above applies. C hat apply above | City State our Business or Connections conkruptcy, did you own a busine coloyed in a trade, profession, or the company (LLC) or limited liable ging executive of a corporation are voting or equity securities of a Go to Part 12. and fill in the details below for e Describe the nature of the Name of accountant or bo | to Any Business ess or have any of other activity, either activity, either activity partnership (LL acorporation ach business. bookkeeper | Employer Identification number Do not include Social Security Employer Identification number Do not include Social Security EIN: Dates business existed From To Employer Identification number Do not include Social Security EIN: | r number or ITIN. |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Document Page 53 of 56

| First Name Middle Name | Glasper | Case number (if known) |
|---|--|--|
| First Name Middle Name | Lest Name | |
| and the street of the control of the | | |
| | Describe the nature of the business | Employer Identification number |
| | | Do not include Social Security number or ITIN. |
| Business Name | | |
| | | EIN: |
| Number Street | Name of accountant or bookkeeper | |
| | | Dates business existed |
| | *************************************** | |
| | | From To |
| City State ZIP | Code | |
| | | |
| | | |
| Nithin 2 years before you filed for I | oankruptcy, did you give a financial statement | to anyone about your business? Include all financial |
| nstitutions, creditors, or other part | ies. | |
| ☑ No | | |
| Yes. Fill in the details below. | | |
| = res. rm in the details below. | | |
| | Date issued | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| Name | MM / DD / YYYY | |
| | | |
| Number Street | - | |
| | | |
| | | |
| | | |
| City State ZIP | Code | |
| | | |
| | | |
| <u> </u> | | |
| t 12: Sign Below | | |
| Sign Delow | | |
| I have read the answers on this St | atement of Financial Affairs and any attachme | ents, and I declare under penalty of perjury that the |
| answers are true and correct. I und | derstand that making a false statement, conce | ealing property, or obtaining money or property by fraud |
| in connection with a bankruptcy ca | ase can result in fines up to \$250,000, or impr | isonment for up to 20 years, or both. |
| 18 U.S.C. §§ 152, 1341, 1519, and 3 | 571. | |
| | | |
| * MARON M | lance × | |
| ~ Jaca P. N | | |
| Signature of Debtor 1 | / Signature of Debtor 2 | |
| Date 9 24-2016 | | |
| Date / 07-30/9 | Date | |
| Did you attach additional pages to | Your Statement of Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| | | , |
| No D | | |
| ☐ Yes | | |
| | | |
| Did you pay or soree to hav some | one who is not an attorney to help you fill out | hankruntev forms? |
| No | and who is not an attorney to seep you fill out | panaraptoj iditis: |
| | onica Eason | Attack of the second of the se |
| Yes. Name of personVer | VIIIVA EUOVII | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | Deciaration, and Signature (Official Form 119). |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main

Document Page 54 of 56

| Fill in this in | formation | to identify | your case: | | |
|---------------------------------|--------------------|----------------|-----------------------------|-----------|--|
| Debtor 1 | Tara First Name | D | Glasper Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | | | Middle Name | Last Name | |
| United States I | Bankruptcy (| Court for the: | Northern District of Illino | ois | |
| Case number (if known) | | | | | |
| | | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
|---|--|--|
| Creditor's name: | ☐ Surrender the property. | ☑ No |
| Description of | Retain the property and redeem it. | Yes |
| property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| • | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | ☑ No |
| NAME: | Retain the property and redeem it. | ☐ Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | ☑ No |
| Name: | Retain the property and redeem it. | ☐ Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| - | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | ☑ No |
| OBME: Occupation of the state | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| - | Retain the property and [explain]: | |

Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main Case 16-30553 Document

Debtor 1

Page 55 of 56

Glasper Last Name Tara D Middle Name

Case number (If known)

| Part 2: List Your Unexpired Personal Property Lea |
|---|
|---|

| Describe your unexpired personal property leases | Will the lease be assumed? |
|---|--|
| .essor's name: AL | □ No |
| Description of leased Yearly Residential Lease property: | |
| essor's name: | ☑ No |
| Description of leased property: | thirtipotenthionathionateseaucumanestate description and a habitate and a second an |
| essor's name: | ☑ No |
| Description of leased roperty: | Yes |
| essor's name: | ₩ No |
| Description of leased property: | он в Антин по почен по сти сти сти почен по на |
| essor's name: | ☑ No |
| description of leased reperties the control of the | in the field that confidence and the latest and the |
| essor's name: | ₩ No |
| description of leased roperty: | Note the confidence of the con |
| essor's name: | ₩ No |
| rescription of leased roperty: | *** Yes |
| · | Property of my estate that secures a debt and any |

Case 16-30553 Doc 1 Filed 09/26/16 Entered 09/26/16 15:07:42 Desc Main

<u>Document Page</u> 56 of 56

| Debtor 1 | Tara | D | Glasper | |
|--------------------|---------------------|--------------------------------------|-----------|---|
| | First Name | Middle Name | Last Name | |
| ebtor 2 | | | | |
| Spouse, if filing) | First Name | Middle Name | Last Name | |
| Inited States I | Bankruptcy Court fo | r the: Northern District of Illinois | | ÷ |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone who is NC | OT an attorney to help you fill out bankruptcy forms? |
| ☐ No ☐ Yes. Name of person Veronica Eason | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I have re that they are true and correct. | ead the summary and schedules filed with this declaration and |
| * Mra D. Klapper | Signature of Debtor 2 |
| Date 9 - 24-2014 | DateMM / DD / YYYY |